SERIAL 001 -018
COUNTY……...
CODE……
CY 2026

DEFENCE FORCES COMRADES ASSOCIATION

APPLICATION FOR FINANCIAL ASSISTANCE

1. PARTICULARS OF APPLICANT

*(a) Full Name: ……

(b) Date of Birth:…… (c) Married/Single: ……

*(d) Service Number:…… (e) Rank:…… (f) Last Unit:……

*(g) Date of Enlistment: …… *(h) Date of Discharge: ……

(i) Discharge Certificate Number: …… (j) Record of Service: ……

(k) Civil ID Card Number:…… (l) Village:……

(m) Sub-Location:…… (n) Location:……

(o) Sub-County:…… (p) County:……

(q) Full Postal Address:……

(r) Tel/Mobile Number:……(s) Email Address:……

(t) Bank details (copy of card attached) (u) Bank Name……

(v) Account Name…… (w) Account No……

(x) Branch……

2. DETAILS OF SPOUSE (S)

(a) Name of wife/wives and date of Birth and Marriage:

(1):……

(2):……

(3):……

ENHANCING COMRADESHIP

3. DETAILS OF CHILDREN/DEPENDANTS

Name	Date of Birth	Relationship	Employed or in School

Once a Comrade, Always a Comrade

4. REQUIREMENTS

a. *Attach copy of Discharge Certificate (Green/Red Book)

b. *Attach copy of ID Card

c. Indicate if DEFOCA member (Tick Yes/No

d. Attach copy of Membership Card (if available)

e. Indicate Membership Number……

5. IF DOCUMENTS (DISCHARGE/ID CARD) GOT LOST/DESTROYED/BURNT

The applicant to attach any of the following documents:

a. Copy of Extract of Service

b. Copy of Police Abstract

c. Copy of a Sworn Affidavit

c. Copy of Chief's letter (whichever if applicable)

6. IN CASE OF A WIDOW/WIDOWER

The applicant to attach the following:

a. Copy of Death Certificate of the late husband/wife

b. Copy of Burial Permit

c. Copy of a Sworn Affidavit (whichever is applicable)

ENHANCING COMRADESHIP

DEFOCA
Once a Comrade,
Always a Comrade

7. QUESTIONAIRE

a. Why do you request for assistance?

.....

.....

.....

.....

b. Have you been assisted before? ..... Yes/No. If yes give details

.....

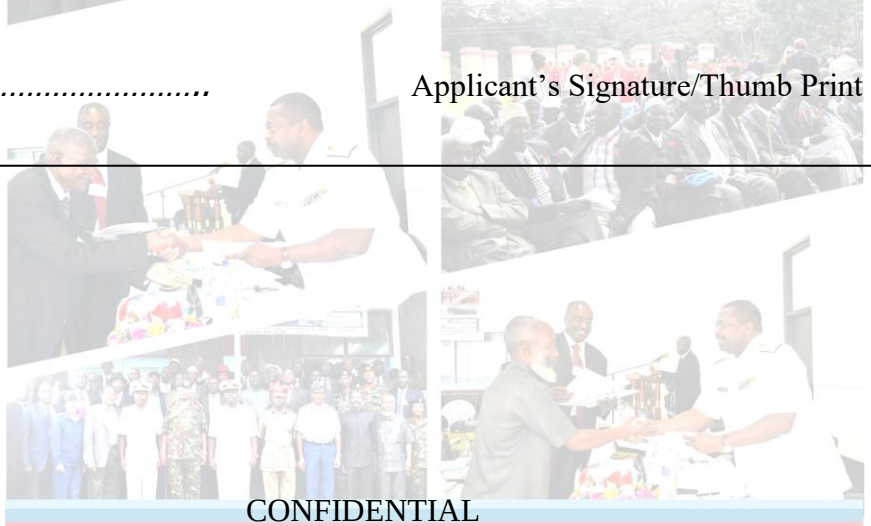
.....

c. Are you in receipt of pension? ..... Yes/No. If yes, how much?.....
Pension Reference No……..

8. CERTIFICATE

I certify that the information supplied is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help under false pretences. I agree that the DOD Records Office may be approached to provide details of service

Date: ..... Applicant's Signature/Thumb Print ……..



9. DEFOCA COUNTY CHAIRMAN'S COMMENTS

.....
.....
.....
.....

I have checked the individual's particulars and his need is genuine

Branch Chairman Signature and Stamp……. Date: .....

Branch Secretary Signature……

Branch Treasurer Signature……

10. FINANCIAL COMMITTEE'S DECISION:

Approved/Not Approved (Tick One).

If not approved, give reasons:……

……..

Signature…….. Date……..

ENHANCING COMRADESHIP