ANNEX 'B'
TO DEFSI NO.6
OF OCTOBER 2019

APPLICATION FOR FINANCIAL ASSISTANCE FROM THE DEFOCA BENEVOLENT FUND FOR FUNERAL EXPENSES (*LOSS OF SPOUSE OR CHILD UNDER AGE OF 21 YRS*)

PART I. DETAILS OF APPLICANT

a. I, Svc No: ……Rank:……..…Name: ……..……of (Unit/Formation/Branch) ……..hereby apply to be financially assisted towards funeral expenses of my departed dependant whose particulars are indicated at Part II below.

Date of Application ……. Signature of Applicant…… Mobile No……

PART II. DETAILS OF DEPARTED DEPENDANT

b. Name of the departed dependant……..

Relationship …… Place and date of death …….

Burial date ……

PART III. AUTHENTICATION BY UNIT/FORMATION COMMANDER

c. I hereby certify that the applicant is a member of my Unit/Formation and that the particulars given at Parts I and II above are true and correct. I therefore recommend his application for approval.

Signature of Unit/Formation Commander…… Date ……..
(Over rubberstamp).

Rank and Name ……

PART IV. AUTHENTICATION BY SERVICE HQS (CHIEF OF PERS/ COL PERS)

d. I hereby certify the information contained at Parts I, II and III to be true and correct and therefore recommend the applicant to be assisted as requested.

Signature …… Date ……..
(Over rubberstamp)

Rank and Name ……..

PART V. APPROVAL BY DHQ (CHIEF OF C&W/ COL C&W)

e. The application is approved/not approved.

Rank …… Name ……

Signature …… Date ……
(Over rubberstamp)

PART VI. ACTION BY MD DEFOCA

f. The application is approved/not approved

Reasons ……

Cheque No. Issued …… Date …….

Payee …… Signature of MD DEFOCA ……..……
(Over rubberstamp)

Name ……..

Attachments

1. Unit PIIOs that published compassionate leave
2. Burial Permit/Death Certificate
3. Claimant`s Bank Plate and correct M-PESA number