AUTHORITY
BOT OF 20 DEC 21

APPLICATION FOR FINANCIAL ASSISTANCE FROM THE DEFOCA BENEVOLENT FUND FOR FUNERAL EXPENSES

PART I. DETAILS OF APPLICANT

a. I ..... DEFOCA Member /Widow/Widower/Beneficiary/Child of DEFOCA Member

Service No: ..... Rank..... NAME: ..... DEFOCA Membership No:.....

ID No: ..... DEFOCA County Branch:..... Mobile No. .....

Do hereby apply to be financially assisted towards funeral expenses of my departed husband/spouse/parent whose particulars are indicated below:

Date of Application: ..... Signature of Applicant.....

PART II. DETAILS OF DEPARTED MEMBER/SPOUSE

b. Name of the departed member/spouse: .....

Relationship: .....Place and date of death ..... Burial date .....

PART III. AUTHENTICATION BY DEFOCA COUNTY BRANCH CHAIRMAN

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

Beneficiary (person to be paid): ..... ID No: .....

Bank: .....Branch: ..... Account No: .....

Name (Chairman): ..... Rank (Chairman): .....

Signature (Chairman): ..... Date: .....
(Over rubberstamp)

PART IV. ACTION BY DEFOCA HEADQUARTERS (INCHARGE OF RECORDS)

d. Member/not a Member.

Rank: ..... Name: .....

Signature: ..... Date .....
(Over rubberstamp)

PART V. AUTHENTICATION BY SERVICE HQS (DHQ NON-EFFECTIVE (IF SPOUSE)

e. 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: ..... Name: .....

PART VI. APPROVAL BY MD/FM DEFOCA

f. The application is approved/not approved
Reasons: .....

Payment method: …… Date: ……

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

Name: ……

Attachments

1. Death Certificate/ Burial Permit.
2. Beneficially/Applicant copy of ID Card.
3. Beneficially/Applicant Copy of Bank Plate and correct M PESA.
4. Married certificate or any document that supports the relationship between the claimant and the deceased (Area chief letter confirming the relationship).
5. Circumstances where the beneficiary is the deceased child, family minutes endorsed by area chief to authorized the nominee to be paid on behalf of the family.