Ser No……..

QUESTIONAIRE FOR WELFARE ASSISTANCE

ROYAL COMMONWEALTH EX- SERVICES LEAGUE & BRITISH LEGION (KENYA)

1. PARTICULARS OF THE EX-ASKARI ☐ WIDOW ☐

a. Full Names
……

b. Service Number……. Rank……

c. Date of Enlistment……. Date of discharge…….

d. Date of birth……Married/single

e. Civil ID Card No…….

f. County…….

g. Sub-County…….

h. Village ……. Location …….

i. Beneficiary Mobile Number (if any)…….

2. Details of Caretaker(s)

a. Full Name…….

b. Relationship with Beneficiary……

c. ID Card No…….

d. Mobile Number……...

3. Health Status of the Beneficiary

a. **Vision:** Blind ☐ Partially ☐

b. Hearing: Deaf ☐ ☐

c. Hypertensive ☐

d. Diabetic ☐

e. Any other ……..

4. Proof of Life of the Beneficiary (by Local Administration)

a. Headman/Village Elder

Full Name…….

Mobile Number……

Signature……..

Date……..

Remarks (Tick) Alive…… ☐ Deceased…… ☐

Mobile No……

b. Area Chief

Full Name……..

Mobile Number……..

Duly Signed ……..

Date……

Remarks: (Yes/No) Alive ☐ Deceased…….. ☐

5. DEFOCA County Branch Officials

a. County Chairman

Remarks……
……
……

Full Name…….

Signature……...

Date……..

Mobile Number……

b. Authentication by County Secretary

Full Name……
Signature…….
Date……

Mobile Number…….

c. Authentication by County Treasurer

Full Name…….

Signature……

Date……

Mobile Number…….

I certify that the information given above is correct to the best of my knowledge and understanding and I am aware that any incorrect information thereof shall be regarded as an attempt to obtain welfare funds under false pretence.

Date……Beneficiary's Signature/Thumb……

Date……. Caretaker's Signature……..