



**THE INSTITUTE OF CERTIFIED
PUBLIC SECRETARIES OF KENYA
(ICPSK) BENEVOLENT FUND**

CPS Governance Centre
Upper Hill, Kilimanjaro Road, Off Mara Road
P.O. Box 46935-00100, Nairobi, Kenya
Tel: 254 20 3597840/2
E-mail: info@ics.ke, Website: www.ics.ke

BENEVOLENT CLAIM FORM

Kindly fill the required information in spaces provided below

1. Full Names of Member: _____

2. Member No: _____

3. Claimant's Name: _____ Relationship: _____

4. Postal Address: _____ ID No: _____

5. Email Address: _____ Mobile No: _____

DECLARATION OF BANK DETAILS

Full details of Bank Account into which the claim payment will be remitted:

Name of Bank Account holder: _____

Bank Name: _____

Bank Account No: _____ Bank Branch: _____

The above information is to the best of my knowledge and belief accurate for the purpose of paying the claim.

Claimant's Signature: _____ Date: _____

Signed in the presence of: _____

Signature: _____ Date: _____

*** Supporting Documents**

- Certified Death Certificate and Burial Permit
- Medical Bills
- ID