

**APPLICATION FOR FUNERAL GRANT**

**PENSION/PROVIDENT FUND**



[www.nssf.or.ke](http://www.nssf.or.ke)

**THIS APPLICATION FORM IS ISSUED AND PROCESSED FREE OF CHARGE**

**ELIGIBILITY**

- (a) The deceased member must have made at least six monthly contributions immediately Preceding date of death
- (b) The claim must be submitted not later than **60 days** from the date of death of member
- (c) The applicant must be a next of kin

**REQUIREMENTS**

- (a) Application shall be made using the approved form
- (b) Original or copy of the deceased's membership Card (where available)
- (c) Original and a copy of the deceased's death certificate or Burial permit.
- (d) A copy of the deceased's National Identity card
- (e) A copy of the claimant's National Identity card

**Received and Checked by:**

Officer Name.....

Signature.....

Date.....



Official Rubber stamp

National social security fund  
Social security house, Bishops road, P.O. Box 30599-00100Nairobi  
Landlines: 2729911/ 2710552  
Email: [info@nssfkenya.co.ke](mailto:info@nssfkenya.co.ke)

**PART I**

**PARTICULARS OF THE DECEASED MEMBER**

Member Name											
Member Number											
Member ID Number											

**PART II**

**PARTICULARS OF CLAIMANT**

Claimant's Name											
Claimant's ID Number											
Claimant's Tel. No.			<b>0</b>	<b>7</b>							
Address											
Email											

I, Confirm that the information given above is true to the best of my knowledge

Signature.....

Date.....



Left Thumb Print

**PART III**

**CONFIRMATION BY AREA CHIEF OF DECEASED'S HOME AREA OR WHERE HE WAS WORKING**

**CHIEF'S DECLARATION**

I confirm that the deceased was a resident at my location at the time of death and that the applicant is the rightful Beneficiary of the Funeral Grant Benefits in accordance with **N.S.S.F. Act. No 45 OF 2013** and that the information given by the claimant on this form is TRUE to the best of my knowledge.

**PARTICULARS OF THE CHIEF**

Chief's Name											
Location											
ID Number											
Tel No	0	7									
Address											

Chief's Signature.....

Date .....



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**PART IV**

**BENEFITS CLERK/OFFICER**

**Request for identification of claimant**

Please identify the applicant in this claim to facilitate processing of funeral grant.

Officer Name.....

Designation.....

Signature.....

Date.....



Official Rubber stamp

**PART V**

**IDENTIFICATION OF CLAIMANT**

**IDENTIFYING OFFICER**

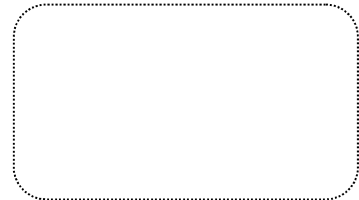
I have identified the applicant in this claim and recommend processing of payment to

Claimant's Name.....Id No. ....

Officer's Name .....

Signature.....

Date.....



Official stamp

**PART VI**

**BRANCH MANAGER**

**Confirmation chief's signature**

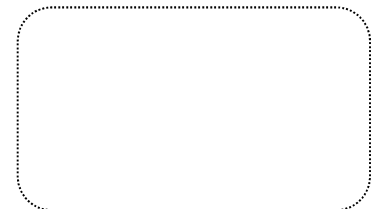
I have confirmed that the names and signature of the Chief at PART III is the same as the specimen available in this office.

Authority to pay Funeral Grant to the identified applicant is hereby granted.

Name.....

Signature.....

Date .....



Official stamp

**WARNING**

Any person who fails to disclose or misrepresents any material fact whether or not such nondisclosure or misrepresentation is fraudulent and receives any benefits he is not entitled to receive as a consequence of the non disclosure or misrepresentation is liable to repay the benefits within 21 days. A person who contravenes this is liable on conviction to a fine not exceeding KSHS: 300,000/- or imprisonment for a term not exceeding three months or both, in accordance to **NSSF ACT NO. 45 OF 2013**, laws of Kenya