

**KUPPET WELFARE SCHEME  
HOMABAY BRANCH**

KUPPET SWA HOMABAY  
BRANCH OFFICE  
Rang'wena Bridge - Off Kisumu Road  
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P.O BOX 378-40300, HOMA BAY

**WELFARE SCHEME CLAIM FORM**

**PART A: MEMBER DETAILS**

TEACHERS NAME..... TSC NO .....PHONE NO.....  
SCHOOL.....TTC  SENIOR  JUNIOR  PRIMARY   
SUB COUNTY..... ZONE .....

**PART B: DETAILS OF DECEASED**

NAME OF DECEASED..... DATE OF DEATH.....  
RELATIONSHIP TO MEMBER - SPOUSE  CHILD  PARENT  SELF   
DATE OF BURIAL ..... PLACE OF BURIAL .....County.....

**PART C: CLAIM DETAILS**

TYPE OF CLAIM - BURIAL  BENEVOLENT   
DESCRIPTION OF CLAIM/ CIRCUMSTANCES.....  
.....  
.....  
AMOUNT CLAIMED (Ksh).....

**PART D: REQUIRED ATTACHMENTS**

(Attach copies where applicable)  
LATEST PAYSLIP  DEATH CERTIFICATE/ BURIAL PERMIT  CHIEF'S LETTER   
HOSPITAL / MEDICAL REPORT  ANY OTHER SUPPORTING DOCUMENT.....

**PART E: PAYMENT DETAILS**

CHEQUE  BANK TRANSFER  M-PESA   
BANK NAME & ACCOUNT NO./ M-PESA NO.....

**PART F: DECLARATION BY MEMBER**

I hereby declare that information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to rejection of this claim

NAME.....SIGNATURE.....DATE.....

**PART G: SCHOOL / INSTITUTION CONFIRMATION**

I confirm that the above – named member is a teacher at this institution and the information provided is accurate.

NAME OF PRINCIPAL .....SIGNATURE.....

PHONE NO.....DATE .....STAMP.....

**PART H: SUB COUNTY WELFARE REPRESENTATIVE**

NAME..... SUB COUNTY.....

DATE.....SIGNATURE.....

COMMENTS.....

.....

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**PART I: BRANCH WELFARE EXECUTIVE COMMITTEE APPROVAL**

AMOUNT PAID (Ksh.) ..... MODE OF PAYMENT.....

CHEQUE NUMBER / TRANSACTION ID.....

**FOR OFFICIAL USE ONLY**

CLAIM NUMBER .....( e.g 001/2026)

DATE RECEIVED .....

DATE PAID.....

PROCESSED BY ..... SIGN.....

STAMP.....