



ZOGHORI REGULATED NON-WDT SACCO SOCIETY LTD

TILU-BILU BUILDING
1ST FLOOR, LET WING
ALONG DIGO ROAD
OPP. G.P.O. (HUDUMA CENTRE)

P. O. BOX 86838 80100
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"Save Regularly, Borrow Wisely, Repay Promptly"

DECEASED DEPOSITS CLAIM FORM

A. DETAILS OF CLAIMANT

Sir Name: Other Names:

Current Address: ID No:

Organization: Email Address:

Phone No. Other contacts

Relationship with Deceased:

Claimant's Signature: Date:

B. DETAILS OF DECEASED

Full Names: ID No:

Member no: Cause of Death:

Date of Death: Place of Death:

NB: Please attach- copy of I.D of deceased, Death Certificate and Burial Permit

C. CLAIM CONFIRMATION (CONFIRMATION MUST BE BY ZOGHORI SACCO MEMBER)

I confirm that the claimant is known to me and that the death occurred as described in Part b (above) and I therefore recommend the payment.

Full Names: Member no:

Relationship with Deceased:

ID No: Phone No: Signature:

D. FOR OFFICIAL USE/CREDIT DEPARTMENT

Details of the Deceased as per our Records;

Full Names Member no:

Shares: Deposits: Loan Balance:

Loan Date issued.....Scheduled payment (Prin-Int)Duration.....

Loan Status: (Consistent/Defaulter) Duration paid/Months

Loan Insurance status:

Any outstanding unrecovered balance:

Next of kin/s.....

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Name of Sacco Officer.....

Signature& Stamp*Date*.....

D. APPROVAL/DISAPPROVAL BY B.O.D:

Comments:

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Full Names: Position:.....

Signature Date:

Approved: Yes ☐ No ☐

Not Approved Reasons

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Approved: Cheque No: _____ Collected by: _____

Date: _____ Signature: _____

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