

ZAMBIA POLICE THRIFT AND CREDIT CO-OPERATIVE SOCIETY LIMITED



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BENEVOLENT FUND CLAIM FORM (False Claims to be reported to the Police and Employer)

PART 1 - CONTRIBUTOR'S PARTICULARS

First Name (Dr/ Mr/ Mrs/ Ms) _____ Surname _____
Man No. _____ Employee No. _____ N.R.C. _____
Office Address _____
Home Address _____
Personal Cell; _____
Date contributions commenced _____

PART 2- PARTICULARS OF THE DECEASED

Name _____ Age _____
Date of death _____ Place of death _____
Home Address _____
Town/Village _____

PART 3- PARTICULARS OF THE CLAIMANT

Claimant's First Name _____ Surname _____ Age _____
Address _____ Town/Village _____
Relationship with Contributor _____
Claimant's Bank A/C No. _____ Bank Name _____ Branch _____
Claimant's Personal Cell; _____
Claimant's Signature _____ Date _____

PART 4- SUPPORTING DOCUMENTS REQUIRED AND ATTACHED

Certified copy of Death Certificate / Burial Permit No. _____
Birth notification form or Birth Certificate (for all claims on own child) No. _____
Radio message (Announcement) or letter from the Officer In Charge or Village Chief or Village Head Man No. _____
Any other documents (specify). _____

PART 5- AUTHORITY (For official use only)

All claims MUST be confirmed by two Zambia Police Thrift members of staff.
Amount Recommended (Kwacha) _____ Amount Approved (Kwacha) _____
Name _____ Name _____
Signature _____ Signature _____
Date _____ Date _____

filling of this form is mandatory and must be completed in full