Verona Huruma Sacco
Nurturing Economic Growth Through Faith

Tel; - 0724933760, 0727411269
P.O. BOX; 47714-00100,
NAIROBI. 1710240317102403
RNO

HOSPITALIZATION CLAIM FORM

I, ……..…….... M/no……..……...

of telephone no……..……hereby do apply for a refund of hospitalization charges at (Name of the Hospital) ……..…….....…..……..….

for ……..….day(s) amounting to Kes…….…… (***Please attach originals & copies of invoice, discharge summary and receipts, and for maternity cases produce also a copy of birth notification***)

Reimburse amount to (*Mobile No & Name*)…….…. I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the set Rules and Regulations of the Sacco.

Name ……..... Signature……..

Date……

FOR OFFICIAL USE ONLY

Comments

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Amount approved Kes...…….……in words……...…….

……..

CREDIT&MONITORING COMMITTEE

Chairman ……Signature……..... Date……..

Secretary……..….....Signature..... Date.…….……

Member……..….....Signature..... Date..……...…

Dept/ Head:…….. Signature……..……...… Date…..……

Manager…….....…Signature……..……...… Date…..……

EXECUTIVE COMMITTEE

Chairman ……..…..... Signature.....Date……

Secretary……..….....Signature.....Date……...

Treasurer……...…… Signature ……Date……...…….

Cheque No:……... …. Collected by ……

Signature…….....Date Collected….....