



# WANA-ANGA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Dagoretti Corner, Ngong Road, P.O. Box 34680 -00100 GPO NAIROBI

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## WANAMECO CLAIM FOR

*(This form to be completed after reading carefully and understanding all the contents)*

**(Attach stamped original Hospital invoice and admission details)**

### PART 1: CONTRIBUTOR'S PARTICULARS

*(To be completed by the applicant)*

Name of Contributor: .....ID./NO..... M/NO:.....

Contributions per month:..... Duration of Contribution:.....

### PART 2: PATIENT'S PARTICULARS

*(To be completed by the applicant)*

Name of Patient: .....Relation to Member.....

Date of Birth .....ID./NO..... Admission Date: .....Discharge Date.....

Admitting Hospital: ..... Location: ..... Ward and

Bed Number..... Total Charges (Attach Invoice) .....

Amount claimed: .....

### PART 3: DECLARATION

*To be completed by the applicant*

I hereby confirm that the above entered details are true to the best of my knowledge.

SIGN: .....ID/Passport No..... Date: .....

### PART 4: WITNESS

Witness:

1. Name: ..... SIGN:.....ID/Passport No.....

Date: ..... Member Number.....

2. Name: ..... SIGN:.....ID/Passport No.....

Date: ..... Member Number.....

**PART 4: OFFICIAL**

1. Grand total payable: ..... (Amount in figures) ..... (Amount In words)

2. Appraised By:

Comments:

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Name: ..... Designation: ..... Sign.....

3. Checked By. (Audit Department)

Comments:

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Name: ..... Designation: ..... Sign.....

4. Approved By (HRED committee)

Comments:

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Name: ..... Designation: ..... Sign.....

**PART 5: DISBURSEMENT DETAILS (FINANCE DEPARTMENT)**

1. Amount approved.....

2. Amount paid.....cash/cheque No.....

3. Name..... Sign.....