

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 BirthID./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 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.....