



M-PESA NEXT OF KIN CLAIM FORM

CUSTOMER DETAILS (Deceased)

DATE: _____

M-PESA Customer name	
Customer's Mobile Number	
Amount in Account	

CLAIMANTS DETAILS

Claimant's Name	
Claimant's contact number	
Amount of Claim	
Relationship to the deceased	
Signature	

Disclaimer:-

By signing this form, you release from liability and indemnify Safaricom Ltd from any claims as a result of Safaricom's reliance on your utterances made herein and subsequent transmission of funds to your account.

Tick copies of documents Attached:-

<u>NEXT OF KIN CLAIMS</u>	<u>CLAIMS FOR MENTATLLY INCAPACITATED CUSTOMERS</u>
Death Certificate <input type="checkbox"/>	Court Order <input type="checkbox"/>
Id of claimant <input type="checkbox"/>	Customer's ID (Certified Copy) <input type="checkbox"/>
Affidavit <input type="checkbox"/>	ID of Claimant (Certified Copy) <input type="checkbox"/>
And Either	
Letters of Administration/Grant of Probate <input type="checkbox"/>	
OR	
Letter from Provincial Administration <input type="checkbox"/>	

FOR OFFICIAL USE ONLY: Approval for release of funds.

RETAIL CENTRE	
RETAIL AGENT'S NAMES	
DATE:	