GAKAMI MUSTARD SEED FOUNDATION
P.O.Box 34791-00100, Nairobi Kenya
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Email: mustardseedgreenfoundation@gmail.com
Chaka Place Building, 3rd Floor, Argwings Kodhek Road, Kilimani

CLAIM FORM

CLAIM APPLICATION

A. APPLICANT DETAILS

Full Name

_____

National ID/Passport

_____

Telephone

_____

Email

_____

Postal Address

_____

Programme/Event

_____

Date

_____

B. TYPE OF CLAIM

☐ Refund

☐ Reimbursement

☐ Scholarship

☐ Medical

☐ Travel

☐ Event Cancellation

☐ Grant

☐ Other

Specify

C. DETAILS OF CLAIM

Amount Claimed

KSh _____

Purpose

_____

_____

_____

Reason for Claim

_____

_____

_____

_____

D. SUPPORTING DOCUMENTS

Attach copies of:

☐ National ID

☐ Payment Receipt

☐ Medical Report

☐ Travel Documents

☐ Bank Details

☐ Photographs

☐ Police Abstract (if applicable)

☐ Other

E. PAYMENT DETAILS

Bank

_____

Branch

_____

Account Name

_____

Account Number

_____

OR

Mobile Money Number

_____

Registered Name

_____

F. DECLARATION

I certify that the information provided is true and complete. I understand that providing false information may result in rejection of my claim and possible legal action.

Applicant Signature

_____

Date

_____

_____

FOUNDATION USE ONLY

Claim Reference No.

_____

Received By

_____

Date Received

_____

Documents Verified

☐ Yes

☐ No

Assessment Officer

_____

Decision

☐ Approved

☐ Partially Approved

☐ Declined

Approved Amount

KSh _____

Comments

_____

_____

Authorized By

_____

Signature

_____

Date

_____