



CEBU CFI COMMUNITY COOPERATIVE

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Facebook Page : <https://www.facebook.com/CFICoopOfficialPage/>

Website: www.cficoop.com

Tel. No. (032) 255-25-25

CLAIMANT FORM

(Death Benefit)

Date: _____

General Information

Name of the deceased member:

(Last Name)

(First Name)

(M.I)

(Suffix)

Date of Birth: _____ Date of Death: _____

Address: _____

Information regarding the Claimant and Signature

Name: _____
(Last Name) (First Name) (M.I) (Suffix)

Cellphone No.: _____ Email Address: _____

Date of Birth: _____

Address: _____

Relationship to the Deceased member: _____

Signature Over Printed Name

Requirements:

DECEASED MEMBER

- Death certificate - original or certified true copy from the Local Civil Registrar

FOR CLAIMANTS

FOR SPOUSE:

Marriage contract of the deceased (if legally married)

Photocopies of Valid ID's

FOR CHILDREN:

Birth Certificate

Affidavit

Photocopies of Valid ID's