SAKOH MORTUARY ASSISTANCE REQUEST FORM

I, ___________________________ of ML _____________ Branch/Department would like to ask for your assistance due to my __________________________ Death.

Attached herein are the documents in support to my request.

WALLET Number: __________________________
Contact Number: __________________________

________________________________________
Signature of Member over Printed Name

ACKNOWLEDGEMENT RECEIPT OF MORTUARY CALAMITY ASSISTANCE

I, _______________________________________ Of ML _______________________ Branch/Department due hereby acknowledge that I have received from ML-SAKO with the amount of _______ pesos only (P ________), as Mortuary Assistance from Samahang Kooperatiba ng MLhuillier Pawnshop’s Employees (SAKO), this __________ day of __________ 20____.

RECEIVED BY: ________
NOTED BY: __________

Signature of Member over Printed Name
Signature of AM/RM over Printed Name

AUDITED BY: __________________________

To be filled up by SAKO Officer Only:
Date of Complete Requirements Submitted: ____________

Other Requirements:
- Birth Certificate if the Member is Single. (For all Member)
- Marriage Certificate if the Member is Married. (For Women only)
- Death Certificate