

SHREE HINDU MANDAL

DAR ES SALAAM

WELFARE BOARD

**50% WAIVER APPLICATION FORM
[CREMATION SERVICES COST FOR HINDU]**

1. DECEASED DETAILS	
1.1. Full Name of the Deceased	

2. APPLICANT DETAILS	
2.1. Full Name of Applicant	
2.2. Relation to Deceased	

DECLARATION BY THE APPLICANT

I.....[Name of Applicant]
on behalf of the family of the Deceased, hereby confirm that:

- All the information provided above is true to the best of my knowledge AND;
- I personally know the family of the Deceased AND;
- The Deceased family is not financially able to contribute full amount of the cremation costs AND
- I shall pay 50% of the cost of Cremation

On behalf of the family of the Deceased.....[Name of Deceased] I hereby submit Application For Waiver of 50%

Signature of the applicantDate.....