

SHREE HINDU MANDAL

DAR ES SALAAM

WELFARE BOARD

**100% 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 any amount of the cremation costs.

On behalf of the family of the
Deceased.....[Name of Deceased] I
hereby submit Application For Waiver of 100%

Signature of the applicant**Date.....**

Application for 100% Waiver should get the below information filled

3. RECOMMENDATION FROM COMMUNITY	
3.1. Name of Community	
3.2. Name of Office Bearer [OB]	
3.3. Designation of the OB	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
3.4. Telephone Number of OB	

DECLARATION BY THE COMMUNITY

I.....Office Bearer of
.....[Name of Community]

hereby confirm that:

- the information provided above [Part 3] is true to the best of my knowledge AND;
- the Deceased was our Community member AND;
- I personally know the family of the Deceased AND;
- The family of the Deceased is not financially able to contribute any amount for the cremation costs.

I recommend their Application For Waiver.

Signature of Office Bearer**Date.....**