UGANDA LAW SOCIETY HEALTHCARE AND BENEVOLENT FUND

ACKNOWLEDGEMENT OF RECEIPT OF FUNDS FOR BENEVOLENCE SUPPORT

Name of Advocate……

Advocate's ULS Number ……NID Number:……

Purpose of Support (e.g., Funeral Assistance, Welfare, etc.):

…….

Date of Disbursement:……..

Funds Received from HC&BF Vide:- (Tick and Fill in as appropriate)

A) Bank Cheque: (Insert Cheque Details – Date, Number and Bank)
……

B) Mobile Money Transfer to Bank or Mobile Wallet (Date/ TID No/ Phone No sending Funds).
……

C) Direct Payment to Beneficiary or Service Provider: (Insert Name of Beneficiary/Provider and Attach Acknowledgement of Receipt)
……

Signature:……Date:……

In Case Funds are Received by Next of Kin or Authorised Agent on Behalf of the Member

Name of Next of Kin:……..

Relationship to the Member Advocate:-……

Next of Kin's NID Number……..…….

Next of Kin's/ Authorised Agent's Signature:-…… ……Date:- …….

Note: The HBF Official handing over funds should establish authenticity of Next of Kin and/or request for written authorisation from agent to receive funds on behalf of the member, and obtain and attach a copy of the NID Card for Next of Kin receiving funds.