UGANDA LAW SOCIETY HEALTHCARE AND BENEVOLENT FUND ACKNOWLEDGEMENT OF RECEIPT OF FUNDS FOR EMERGENCY IN PATIENT MEDICAL SUPPORT.

Name of Advocate……..

Advocate's ULS Number ……NID Number:…….

Date of Admission …… Date of Discharge (if Applicable)…….

Name of Hospital :…….

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

☐ **Bank Cheque:** (Insert Cheque Details – Date, Number and Bank)

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

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☐ **Direct Payment to the Hospital**: (Insert Name of Hospital and Attach Acknowledgement of Receipt)

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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.*