**FORM G7**

**HUMAN AND WILDLIFE CONFLICT COMPENSATION**

**COMPENSATION TO PERSONS KILLED BY WILD ANIMALS SUBMISSION FORM**

**PART 1: DETAILS OF THE PENDING BILL CLAIM**

**Name of Entity/Institution:** …………………………………….…………………………………………

**Name of Deceased Person:** …………………………………….………………………………………….

**Name of Claimant:** …………………………………………………..**ID No**:……………………………..

**Relationship to the Deceased:** ……………………………….…………………………………………….

**P.O. Box** ……………**Code**:………. **City/Town:** ………………………………………………………….

**Cellphone No of the Claimant**: …………………………………….……………………………………….

**Approved full Compensation** KES ……………………………………….……………………………..

**Amount Already Paid KES**………………………………………………………………..

**Amount to be Compensated as Pending KES**………………………………………….

**Description of the Compensation related to human and wildlife:** ………………….……………………………………………………….……………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

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**Financial Year when the incidence took place:** …………………………………………………

**Financial Year when compensation was Approved:**…………………………………………….

**PART 2: PENDING BILL SUBMISSIONS FOR PERSONS KILLED BY WILD ANIMALS**

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| **S/No.** | **REQUISITE DOCUMENTS OF THE INJURED COMPLAINANT/PERSON** |
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|  | **DOCUMENTS REQUIRED AFTER MAKING REPORT TO THE LOCAL POLICE STATION OR LOCAL AREA CHIEF’S OFFICE** |
|  | Police Abstract (P3) Form and issued with an Occurrence Book number (OB No.) and his/her cell phone number  OR  Report/Letter from the Office of the Local Area Chief to the Local Wildlife Ranger |
|  | Copy of identity card of the Injured Person  OR  In case of a Minor (less than 18 years of age) copy of the identity card of the Parent/Guardian |
|  |  |
| B. | **POSTMORTEM/AUTOPSY EXAMINATION REPORT OF THE DECEASED KILLED BY WILD ANIMALS** |
|  | The Post-mortem/Autopsy examination Report that states/indicates the cause of death written and signed by the Government Pathologist at the Local Health Funeral Home/Mortuary |
|  |  |
| C. | **REGISTRATION OF DEATH FORM D1 - PERMIT FOR BURIAL FORM D1 (BURIAL PERMIT) OF THE DECEASED ISSUED FROM THE RECORDS DEPARTMENT AT THE LOCAL HEALTH FACILITY** |
|  | The Next of Kin to the Deceased Person obtains a Registration of Death Form D1 - Permit for Burial Form D1 (Burial Permit) issued from the Records Department at the Local Health Facility OR Any Other form of confirmation of death |
|  |  |
| D. | **REPORT FROM THE COMMITTEE FOR WILDLIFE CONSERVATION (CCWC) FOR COMPENSATION** |
|  | County Committee for Wildlife Conservation (CCWC) Report (where applicable) |
|  |  |
| E. | **REPORT FROM THE NATIONAL COMMITTEE FOR WILDLIFE CONSERVATION (NCWC) ON COMPENSATION** |
|  | Approved Compensation Report in respect to Human and Wildlife Conflicts  OR  Court Awards (where applicable) |
|  | Any other information you may deem necessary |