



BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya
 Tel: 2861376/7/8, Fax: 340192/250783

BENEVOLENT FUND SCHEME

1. APPLICATION FOR MEMBERSHIP

The Hon. Secretary,

I hereby apply to join **BANKI KUU BENEVOLENT FUND SCHEME** and agree to comply with the Society's by-laws, rules, procedures and any amendment thereof.

FULL NAME: MR./MRS./MISS.....

DATE OF BIRTH.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER.....

OFFICE.....TEL EXT.....HOMEADDRESS.....

APPLICANT SIGNATURE.....DATE.....

2. NOMINATION OF DEPENDANTS:(

Members are advised to provide Not more than Eight(8) dependants.

No.	NAME	DATE OF BIRTH	RELATIONSHIP	ID No.	TELEPHONE No.
1.			Spouse		
2.			Mother		
3.			Father		
4.			Mother in-law		
5.			Father in-law		
6.			Child 1		
7.			Child 2		
8.			Child 3		

A letter from the school/university/college confirming the child/children's enrolment as a full-time student, if the child is between the ages of 18 and 25 years.

*I certify that the information given above is correct to the best of my knowledge.

APPLICANT SIGNATURE.....DATE.....

1. FOR OFFICIAL USE ONLY

DATE OF ADMISSION TO MEMBERSHIP.....

Registration Officer:.....Signature.....Date: :.....

Business Development Officer.....Signature.....Date:.....

Head of Finance.....Signature.....Date:.....



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Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya
Tel: 2863981/2/3/4

BENEVOLENT FUND CLAIM FORM

PART A

1. TO BE COMPLETED BY THE CLAIMANT/CONTRIBUTOR

Full names of the contributor:.....
M/NO..... Telephone
Number.....
I.D NO..... Branch.....

2. PARTICULARS OF THE DECEASED:

Name of the deceased:.....

National I.D card No:.....Date of Birth.....

Relationship:.....

I certify that the information given above is correct to the best of my knowledge.

Name of Claimant:.....Signature:.....M/No:.....

Witness By:.....Signature:.....ID No:.....
Date:.....

PART B

3. FOR OFFICIAL USE ONLY

Verification By: Registry Officer	
a) Date of Joining the Scheme:	(indicate) ___/___/_____
b) Mode of Contribution	Via Direct Debit <input type="checkbox"/> Payroll <input type="checkbox"/> Pension check off (tick as appropriate) <input type="checkbox"/>
c) Total contributions/ NOT in default	Kes: _____ / <input type="checkbox"/>

*I certify that the information provided by the claimant is sufficient for the purpose of processing settlement of the said claim. *Attached are copies of the identity card for the deceased and original death notification certificate or burial permit.*

Registration Officer:.....Signature.....
Date:.....

Credit
Manager.....Signature.....Date:...

Senior
Accountant.....Signature.....Date:.....

PART C

4. APPROVAL BY THE CREDIT COMMITTEE

We have today examined the above claim in conjunction with policy guidelines and decided as follows.

- i. Disburse approved shillings.....) to the appointed nominee on account of the **BANKI KUU SACCO BENEVOLENT FUND SCHEME.**

Credit Committee Minute No.....Date.....

.....
.....

Chairman

Secretary

.....

Member

Checklist:

1. Are the listed documents attached: -
 - A copy of your death notification or burial permit
 - A copy of National ID(if deceased 18 year and over)
 - Bank Account details/instruction form
 - Others (**specify**)