



Invest in Secure Hands

Benevolent Fund Application Form

I hereby apply for membership to Balozi Benevolent Fund Scheme and agree to abide by the scheme's policies and amendments thereof: -

Full Name: Prof/Dr./Mr./Mrs./Miss _____

Date of Birth ____/____/____ Identification No. _____ Membership No. _____

Home Address _____ Mobile No. _____

Employer _____ Payroll No. _____

Scheme Contribution Starting Date ____/____/____ Ksh. 300/- or 150/-per PP/Month

Nominations For Benevolent Fund Claim

| 1. Names of Spouse(s) | Date of Birth | ID. No |
|-----------------------|---------------|--------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |

| 2. Names of Child(ren) | Date of Birth | ID. No / Birth Certificate No. |
|------------------------|---------------|--------------------------------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |
| e. _____ | _____ | _____ |

| 3. Names of Biological Parent(s) | Date of Birth | ID. No |
|----------------------------------|---------------|--------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |

Note:

- You may fill more than one form in case the spaces provided above are not enough
- Attach copies of birth certificates for children and copies of national IDs for all spouses and parents.

4. Details of Claimant (Not Principal Member/ Contributor)

In the event that the claim for benevolent fund is for myself, payment to be made to

Name _____ ID. No _____

Relationship _____ Mobile No _____

Email address _____

The Sacco accepts claims for a maximum of one spouse, four children and two parents.

Applicant's Signature _____ Date _____