

Balozi Co-operative Savings and Credit Society Ltd

Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road

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BENEVOLENT FUND APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

The Hon. Secretary
P.O. Box 11539-00400
Nairobi

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 ____/____/____ ID NO _____ MEMBERSHIP NO. _____
HOME ADDRESS _____ MOBILE NO _____
EMPLOYER _____ PAYROLL NO. _____
SCHEME CONTRIBUTION STARTING DATE ____/____/____ KSHS. 300/- OR 150/- PER PP/MONTH

NOMINATIONS FOR BENEVOLENT FUND CLAIM

1. NAMES OF SPOUSE(S)	MOBILE NO.	DATE OF BIRTH	ID NO
(A) _____	_____	_____	_____
(B) _____	_____	_____	_____

2. NAMES OF CHILD(REN)	MOBILE NO.	DATE OF BIRTH	ID NO
(A) _____	_____	_____	_____
(B) _____	_____	_____	_____
(C) _____	_____	_____	_____
(D) _____	_____	_____	_____
(E) _____	_____	_____	_____

3. NAMES OF BIOLOGICAL PARENT(S)	MOBILE NO.	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. _____

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

APPLICANT'S SIGNATURE _____ DATE _____