



# UKRISTO NA UFANISI SACCO LTD



SAVING & CREDIT CO-OPERATIVE SOCIETY LTD.  
P.O Box 872 00605 NAIROBI

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## BENEVOLENT FUND BENEFICIARY FORM

**REQUIREMENTS:** 1. Copies of ID (for principal member and one spouse) 2. Copies of Birth certificate for all beneficiaries below 18 years. 3. Passport photos for all (principal member, spouse and beneficiaries)

### PART II MEMBER DETAILS

Name of Member: .....

Member Number: .....

Member's ID Number:.....

Member's Physical address:.....

Member's phone number: .....

Alternative contact person (Next of kin)

Name: .....

ID Number:.....

Phone number: .....

### PART III BENEFICIARIES

S/No	NAME	ID NUMBER (where applicable)	PHONE NUMBER	RELATIONSHIP	BIRTH CERTIFICATE NUMBER
1					
2					
3					
4					
5					

6					
7					
8					
9					
10					

**DECLARATION:** I do hereby declare that I am of sound mind and the above information is true, and that I have not withheld any material information.

Name:..... Date.....

Signature:.....

**PART IV SACCO'S OFFICIAL CERTIFICATION (FOR ALL FORMS)**

**Received and input by:**

Name.....(Sacco Officer) Sign.....Date.....

**Stamp**

**Verified by:**

Name.....(Sacco Officer) Sign.....Date.....

**Stamp**

**CLAIM INSTRUCTIONS**

**PROCEDURE FOR LOGING A CLAIM**

Submit:

- a. An original and copy of Burial Permit or Death Certificate from the registrar of persons of the deceased member.
- b. Duly filled benevolent fund beneficiary claim form
- c. An original and copy of marriage certificate or an affidavit for other form of marriage(for the spouse)
- d. An original and copy of birth certificate of a registered dependent below 18 years.
- e. An original and copy of National Identity card of the affected Member
- f. Member personal statement (showing all benevolent fund contributions)
- g. Copy of national Identity Card/ surrender of ID certificate