



PEFA NAIROBI CENTRAL NON-WDT SACCO

HEAD OFFICE: SOLAR HOUSE 3RD FLOOR

BRANCHES: KASARANI(MWIKI STAGE) & MBITA TOWN

P.O BOX 79459-00200 NAIROBI.

EMAIL: info@pefasacco.co.ke or pefasacco2014@gmail.com

Benevolent fund form

Part 1.

Principal Member Info						
Full Name						
Phone 1		Gender	M	F	M/No.	
Phone 2	ID No.:		Y.O.B		/	/
Email	Marital status:					
Full name of spouse:						
Year of birth:	ID No.:					

Admissible identification documents: National ID for Principal member, spouse and children above 18 years
Birth certificate for minors or Birth notification if a child is less than a year old.

Part 2: Dependant details

No.	Children name	Date of birth	Birth certificate No./ID	Phone number
1.				
2.				
3.				
4.				

Part 3: Benefits structure

DEPENDENT	DETAILS	PAYABLE TO
PRINCIPAL MEMBER	KES. 50,000/=	DECLARED CLAIMANT (next of kin)
SPOUSE	KES. 50,000/= MAXIMUM ONE SPOUSE	PRINCIPAL MEMBER
CHILD	KES. 30,000/= PER CLAIM MAXIMUM FOUR CHILD AGE LIMIT 25 YRS	PRINCIPAL MEMBER

PART 4: DECLARATION:

I warrant that the above statements are true and that I have not withheld, distorted or concealed any information for the proposed scheme. I also confirm that i understand that any falsification made in this application is criminal which will render any claim arising out of this application be declined and legal action taken against myself.

Principal Member Name: **Sign** **Date**

Note: MANDATORY MONTHLY CONTRIBUTION OF KES. 100 OR KES. 1,200 PER ANNUM BY ALL MEMBERS

THE FUND COVERS MEMBERS SPOUSE AND CHILDREN OF AGE NOT EXCEEDING 25 YEARS, ACTS AS A LOAN GUARD, AND PROTECTS MEMBERS DEPOSIT IN THE EVENT OF DEATH.

Part 5: OFFICIAL USE ONLY

APPLICATION RECEIVED BY:		SIGN:
CHECK BY		SIGN:
APPROVE BY		SIGN:
DATE OF ADMISSION		STAMP: