



VISION REGULATED Non-WDT SACCO SOCIETY LTD

Crossroads Plaza, along Westlands Road – Westlands P.O. Box 1240 – 00502, Nairobi,
Kenya Tel: +2541 117 661 639 Email: info@visionsacco.com Website: www.visionsacco.com

BENEVOLENT FUND DETAILS CAPTURE FORM

A: PRINCIPAL MEMBER PERSONAL AND EMPLOYMENT DETAILS (Compulsory)

Surname:	Other Names:	Membership No:
Date of Birth:	ID No:	KRA PIN:
Mobile No:	E-mail Address:	
EMPLOYMENT DETAILS (if employed)		
Name of Employer:	Work Station:	Payroll No:
Employer's Address:	Tel. No:	

B: DETAILS OF DEPENDANTS

(Please list only your spouse, biological/legally adopted children under the age of 21 years, biological parents and parents-in-law). **NOTE: Only one spouse is covered.**

	Name in Full	ID No./Birth Certificate No. if minor.	Telephone Number	Date of Birth	Relationship
1					
2					
3					
4					
5					
6					
7					
8					
9					

C: GENERAL TERMS AND CONDITIONS FOR BENEVOLENT FUND.

- 1. Age Covered – Principal Member/Spouse:** Minimum entry age is 18 years. Maximum entry age is 75 years. Maximum coverage age is open. **Children:** Minimum entry age is 3 months old to a Maximum 18 years at entry. Maximum coverage is 18 years to 24 years for fulltime students (proof of fulltime education is a must).
- 2. Monthly contribution towards this fund is **Mandatory** to all Members.**
- 3. Claims shall only be paid on declared beneficiaries.**
- 4. Benefits to members upon death:** Principal Member – Ksh. 100,000; Spouse Ksh. 100,000; Child Ksh. 100,000; Parents and Parents-In-Law Ksh. 100,000. Only biological parents are covered and not guardians.
- 5. Contributions are non-refundable when one is exiting the Sacco.**
- 6. Additional child is covered at Ksh. 200 per annum.**

D: DECLARATION BY PRINCIPAL MEMBER

I..... have read, understood and do hereby certify and confirm that the above information is true and correct and that in the event of any changes I will notify the Society in writing within 14 days. Any information subsequently discovered as false will make me forfeit my claims.

Signature **Date**

WITNESSED BY: **ID No:** **Signature:** **Date**

E: FOR OFFICIAL USE ONLY

Received and verified on:	Name of staff:	Signature:
Entered in the system on:	Name of staff:	Signature: