



UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED

UBORA SACCO LTD | P.O Box 54974-00200 NAIROBI, | Tel 254-20-6948443/305/261 | ubora@kebs.org

BENEVOLENT FUND APPLICATION FORM

I hereby make application for membership and agree to conform to the Regulations or any amendments thereof:

FULL NAME _____

ID/NO _____ NATIONALITY _____

DATE OF BIRTH _____ / _____ / _____ AGE _____

PRESENT ADDRESS _____ CODE _____ TOWN _____

MOBILE NUMBER _____ EMAIL _____

EMPLOYER _____ DESIGNATION _____

TERMS OF EMPLOYMENT _____

HR NO _____ UBORA MNO _____

HOME ADDRESS _____ CODE _____ TOWN _____

Have you ever been a member of this fund? Yes/No (Cross out whichever is not applicable)

If yes state: BBF membership number: _____

HR number: _____ UBORA No: _____

Year membership ceased _____

NB: One must attach a pay slip as a certificate of being on payroll.

Signature of applicant _____ DATE _____ / _____ / _____

FOR OFFICIAL USE

DATE OF ADMISSION _____

DATE OF CEASATION _____

APPROVED BY MANAGEMENT MINUTE NO. _____

BBF MEMBERSHIP NUMBER _____

CHAIRMAN

1. **NEXT OF KIN DECLARATION**

I, MR/MRS/MISS _____ HR NO. _____
M NO. _____ ID NO. _____ MOBILE _____
E-mail _____

2. **PRESENT ADDRESS**

INSTITUTION _____
ADDRESS _____ CODE _____ TOWN _____

3. **HOME ADDRESS**

ADDRESS _____ CODE _____ TOWN _____

Do hereby declare the under listed as members of the next of kin for the purpose of Benevolent Fund.

4. **NAME OF NEXT OF KIN** (Supporting documents: Copies of National ID/ Passport and Birth Certificate(s) for Children)

S/NO	NAME(S)	RELATIONSHIP	DATE OF BIRTH	ID NUMBER	REMARKS
	A – SPOUSE(ONE)				
1					
	B – CHILDREN				
	C- PARENTS				
1					
2					
	D - PARENT -IN -LAWS				
1					
2					

I hereby affirm that the information given above is factual and true.

Signature _____ date _____/_____/_____