

CHUNA SACCO SOCIETY LTD
P.O. BOX 30197-00100
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NAIROBI

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REF: BF/1/94

FILL IN DUPLICATE

CHUNA MEMBERS BENEVOLENT FUND MEMBERSHIP FORM

A. PERSONAL DETAILS

1. NAMES IN FULL
2. CHUNA NO..... PAYROLL.....
3. I.D NO..... DEPARTMENT.....
4. DATE OF BIRTH PLACE OF BIRTH.....
5. DISTRICT LOCATION
6. PRESENT RESIDENTIAL PLACE.....
7. CONTACT ADDRESS

B. DETAILS OF DEPENDANTS: (PLEASE LIST ONLY YOUR SPOUSE & BIOLOGICALLY/ LEGALLY ADOPTED CHILDREN)

NAMES IN FULL	DATE OF BIRTH			SEX	RELATIONSHIP
	DAY	MONTH	YEAR		
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

NOTE: The society may request you to produce any other supporting document of the Dependents if deemed necessary.

C. OTHER INFORMATION

1. NAME OF LOCATIONAL CHIEF.....
2. NAME OF ASSISTANT CHIEF.....
3. NEXT OF KIN

I..... 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:.....