



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
 Email: info@apstarsacco.coop Website: www.apstarsacco.coop

BENEVOLENT FUND INSURANCE FORM **DETAILS OF SPOUSE AND CHILDREN**

PART 1 - MEMBER'S DETAILS

Member's/Contributor's Name

Gender ID No. Payroll/No

Employer Work Station..... Apstar DT Sacco Branch

Address

PART 2 - SPOUSE'S DETAILS

Spouse's Name Gender ID No

PART 3 - CHILDREN DETAILS

	Name	Gender	Age (Yrs)	ID No (If over 18)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART 4 - DECLARATION BY MEMBER

I hereby declare that the information I have given above as regards my spouse and children is true to the best of my knowledge. I hereby authorize Apstar DT Sacco to use the same should need arise.

Member's Signature Date

PART 5 - BRANCH OFFICIAL TO COMPLETE

Witnessed by (Name) ID No Payroll No

Branch Position in Branch Office

Signature Date