



BENEVOLENT FUND APPLICATION FORM

DECLARATION OF NEXT OF KIN

I, Mr./Mrs./Miss hereby authorize you to deduct Kshs. 200/= from my monthly salary and pay to Shoppers Sacco Benevolent Fund with effect from the month of 20

Payroll No Membership No

Company Branch

Mobile No ID No

Home address

Do hereby declare the under listed as members if the next of kin for the purpose of the Benevolent Fund. (Attach supporting documents)

a) Spouse/Wife

Name

Tel No..... Date of Birth

b) Own Children

Name	Date of Birth
1.
2.
3.
4.
5.
6.

c) Parents

Father.....

Telephone No.....

Mother.....

Telephone No.....

Signature

Date

(There shall be no compensation for anybody whose name is not on this list and benevolent contribution is non-refundable in case of withdrawal)