



BENEVOLENT FUND

Preamble

The Hazina welfare fund was revised during the 2018 ADM thereby creating a benevolent fund. The fund will cover one spouse and two children in addition to the member as follows:

- Member Kshs. 100,000/=
- Spouse Kshs. 75,000/=
- Children Kshs. 50,000/= each.
- Biological Parent Ksh.30,000/=

Members are requested to provide names of their immediate family members who will be covered by the fund **w.e.f. 1st September 2018**. For the fund to cover the family members, a member should have contributed for at least **six** months.

I, Dr/Mr/Mrs/Miss/Ms _____ hereby submit the following as my immediate family members.

	Name	Relationship	Contact Details (Phone, Email, Postal Address)
1			
2			
3			
4			
5			

I confirm that the information provided is true. I agree to abide by the By-Laws and any other rules and regulations applicable. I further willingly provide the personal information and consent to its use as prescribed in the Hazina Sacco Data Protection Policy (The policy is available on our website www.hazinasacco.or.ke and any of our offices)

Signed _____ ID/NO _____

P/No. _____ Membership No. _____ Date _____

NB: Attach copies of ID (for spouse) and birth certificates (for children). Also note that only **one** spouse will be covered and any **two** children below the age of 25 years. However, please provide names of all your immediate family members.