



BENEVOLENT APPLICATION FORM

MEMBER DETAILS		
Full Names Of Applicant:		
Staff No:	Member No:	Id No:
Mobile No 1:	Mobile No 2:	
Email Address:		
Full Names Of Spouse:		
Year Of Birth:	Id No:	

DEPENDANTS DETAILS			
No	Your Own Children Name	Date Of Birth	Birth Certificate No/ Id No
1			
2			
3			
4			

PARENTS			
No	Parents Name	Date Of Birth	Id No
1			
2			

PARENTS IN LAW			
1			
2			



AUTHORITY TO MAKE DEDUCTION

I _____ of Member number _____ hereby authorize you to deduct Ksh _____ to pay Tembo Sacco Ltd Benevolent Fund.

Member's Signature: **Date:**

FOR OFFICIAL USE ONLY	
Approved Officer:	Sign:
Checked By:	Sign:
Approved By:	Sign:
Date of Admission:	