



CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD
Head Office: Chai House, Ground Floor, Koinange Street.
P.O. Box 278 - 00200 City Square Nairobi Kenya.
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DEPOSIT AND FUNERAL COVER FORM

A. PRINCIPAL MEMBER PERSONAL AND EMPLOYMENT DETAILS

| | | |
|----------------|----------------|----------------|
| Surname: | Other Names: | Membership No: |
| Date of Birth: | ID/No: | KRA PIN: |
| Mobile No: | Email address: | Branch: |

(i). IF EMPLOYED

| | | | |
|--|--------------|--|--|
| Employer: | | | |
| Terms of Service: Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Others <input type="checkbox"/> | | | |
| If Contact/Temporary for what period: <input type="checkbox"/> Months <input type="checkbox"/> Years | | | |
| Date of Employment: | Designation: | | |
| Payroll/Employment No: | Department: | | |

(ii). IF BUSINESS..... (iii). IF FARMER.....

MODE OF PAYMENT

| | | |
|------------------------------------|-------------------------------|---------------------------------|
| Check off <input type="checkbox"/> | Cash <input type="checkbox"/> | Others <input type="checkbox"/> |
|------------------------------------|-------------------------------|---------------------------------|

• DETAILS OF DEPENDANTS:

(PLEASE LIST ONLY YOUR SPOUSE, BIOLOGICAL/ LEGALLY ADOPTED CHILDREN)

| | Names in full | I.D Number (Where applicable) | Date of Birth (dd/mm/yy) | Relationship (Spouse, Biological or Adopted Child) |
|---|---------------|----------------------------------|-----------------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Note: For adopted children, attach proof of adoption i.e. Supporting documentations

TERMS AND CONDITIONS FOR FUNERAL AND DEPOSIT COVER.

- Age Covered – At entry- Spouse Max 75 years, Child Min 6 Months. Exit- Spouse Max 85years, Child Max 18 - 25 years if child still a dependant of principal.
- Monthly contribution is a Mandatory to all Members

I..... have read, understood, and 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: _____

Witnessed by _____ ID: _____

OFFICIAL USE ONLY

Effectuated by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date _____

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