

**UKULIMA SACCO SOCIETY LIMITED**  
**P. O. BOX 44071 – 00100 NAIROBI**  
**Tel: 020-2785000/0720179991/0735886565**

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**BENEVOLENT FUND INSURANCE FORM**

PART I - MEMBER AND SPOUSE DETAILS

**Member's / Contributor's Name**-----

Gender-----ID No. -----

Personal Number-----

Current Employer-----

Work Station-----

Branch-----

Address ----- Tel. No. -----

**Spouse's Name**-----

Gender-----

Spouses ID. No. -----

I declare that the information I have given above as regards my spouse is true to the best of my knowledge. The society is hereby authorized to use the same should need arise.

Members Signature-----Date-----

PART II - BRANCH OFFICIAL TO COMPLETE

Witnessed by (Name) -----

Branch-----Personal Number-----ID. No.-----

Position in Branch Office-----

Signature-----Date-----