

BURIAL BENEVOLENT FUND (BBF) MEMBERSHIP APPLICATION FORM

FORM NO. MNS-1c

Member's Name: _____

TSC/PF No. _____ Institution: _____

Tel. (Cell) Phone: _____ Email: _____

Spouse (s)

Name: _____ D.O.B: _____ DD/MM/YYYY

Name: _____ D.O.B: _____ DD/MM/YYYY

Own children

D.O.B

1. _____	_____	_____	DD/MM/YYYY
2. _____	_____	_____	DD/MM/YYYY
3. _____	_____	_____	DD/MM/YYYY
4. _____	_____	_____	DD/MM/YYYY
5. _____	_____	_____	DD/MM/YYYY
6. _____	_____	_____	DD/MM/YYYY
7. _____	_____	_____	DD/MM/YYYY
8. _____	_____	_____	DD/MM/YYYY
9. _____	_____	_____	DD/MM/YYYY
10. _____	_____	_____	DD/MM/YYYY

Own parents

D.O.B

1. _____	_____	_____	DD/MM/YYYY
2. _____	_____	_____	DD/MM/YYYY

Parents-in-law

D.O.B

1. _____	_____	_____	DD/MM/YYYY
2. _____	_____	_____	DD/MM/YYYY

Have you been a member of this fund before? YES: NO:

If YES, kindly indicate the BBF number initially allocated: _____

TSC/PF No. _____ Year membership ceased: _____

Reason for cessation: _____

Signature of the applicant: _____ Date: _____ DD/MM/YYYY

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I _____ of TSC/PF No. _____ hereby authorize you to deduct Kshs.150.00 from my monthly salary and pay to Mwalimu National Savings & Credit Co-operative Society Limited's Benevolent Fund with effect from the month of _____ 20____ until further notice. Please deduct the entrance fee along with the benevolent fund contribution as per the Society's requirements.

Member's Signature: _____ Date: _____ DD/MM/YYYY

*** For official use only**

We have checked and confirmed that all the information given above is correct:

BBF No. allocated: _____

Admitting officer: _____ Sign: _____ Date of Admission: _____ DD/MM/YYYY

Confirmed by (Supervisor): _____ Sign: _____ Date of Admission: _____ DD/MM/YYYY