

Mwalimu National
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FORM NO. MN-1e

BURIAL BENEVOLENT FUND (BBF) MEMBER'S UPDATING NEXT OF KIN

I Mr./Mrs./Miss: _____

TSC / PF No.: _____ Mno.: _____ BBF No. _____

ID No: _____ TEL.(CELL) PHONE: _____

PRESENT ADDRESS

Address: _____ Code: _____ Town: _____

HOME ADDRESS

Address: _____ Code: _____ Town: _____

Do hereby declare the underlisted as members of the next of kin for purposes of the Benevolent Fund.

<u>Next of Kin</u>	<u>Name</u>	<u>Date of Birth</u>
Spouse(s)	1. _____	__ / __ / ____
	2. _____	__ / __ / ____
Own Children	1. _____	__ / __ / ____
	2. _____	__ / __ / ____
	3. _____	__ / __ / ____
	4. _____	__ / __ / ____
	5. _____	__ / __ / ____
	6. _____	__ / __ / ____
Own Parent(s)	1. _____	__ / __ / ____
	2. _____	__ / __ / ____
Parent (s) In Law	1. _____	__ / __ / ____
	2. _____	__ / __ / ____

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and processing this application and it's future analysis whether in electronic or other form.

Member's Signature: _____ **DATE:** __ / __ / ____

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: __ / __ / ____

Confirmed by (Supervisor): _____ Sign: _____ Date of Admission: __ / __ / ____