



Funeral Cover Form

PART A: PERSONAL INFORMATION

Full Name	:				
Date of Birth	:		Gender	:	
Address	:				
District	:		Village	:	
National ID #	:		TA	:	
Phone Number	:		Email Address	:	

PART B: BENEFICIARIES

Full Names	Date of Birth	Relationship	National ID #	Phone Number

PART C: NEXT OF KIN DETAILS

Full Name	:				
Contact Details	:		National ID #	:	
Relationship	:		Address	:	

I hereby declare that the information provided in this form is true and correct to the best of my knowledge. I further agree and confirm that I shall abide by and conform to the SACCO's bye-laws and any amendments thereof.

Date	:		Member's Signature	:	
Date	:		Director's Signature	:	