



Safaricom Sacco
LIMITED

SAFARICOM SACCO BENEVOLENT APPLICATION FORM

NAME OF THE APPLICANT:

STAFF NO..... MEMBER NO ID NO.....

EMPLOYER:..... Tel. (Cell) Phone:.....

EMAIL:.....

NAME OF YOUR SPOUSE:

YEAR OF BIRTH: ID NO.....

DEPENDANTS DETAILS

	YOUR OWN CHILDREN	D.O.B
1		
2		
3		
4		

	BROTHERS/SISTERS	D.O.B
1		
2		
3		
4		

	PARENTS	D.O.B
1		
2		
	PARENTS IN LAWS	
1		
2		



AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I..... of Staff/Member number..... hereby authorize you to deduct Kshs.....from my monthly salary and pay to Safaricom Sacco Limited's Benevolent Fund with effect from the month of20.....until further notice.

MEMBER'S SIGNATURE:Date:.....

For Official Use Only;

Admitting Officer:.....Sign.....

Checked By.....Sign.....

Approved By (Supervisor):.....Sign:.....

Date of Admission.....