

SHERIA SACCO SOCIETY LTD



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BURIAL BENEVOLENT FUND (BBF) REGISTRATION FORM

1. MEMBER'S DETAILS

Mr./Mrs./Miss/Dr./ Hon. Justice (As per I.D.) _____

PJ/PF/MNO	GENDER	DATE OF BIRTH (DD/MM/YY)
ID/ PASSPORT NO	EMPLOYER	STATION
EMAIL ADDRESS	PHYSICAL RESIDENCE	MOBILE PHONE NO
POSTAL ADDRESS	POSTAL CODE	TOWN

2. DETAILS OF SPOUSE(S)

	NAME	DATE OF BIRTH	TELEPHONE NUMBER	EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				

****Attach copy of ID and marriage certificate/ marriage affidavit***

3. DETAILS OF CHILDREN

	NAME	DATE OF BIRTH	TELEPHONE NUMBER	EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				

**Attach copy of children's birth Certificate*

4. DETAILS OF PARENTS (TO BE FILLED BY APPLICANTS WHO ARE NOT MARRIED)

	NAME	DATE OF BIRTH	TELEPHONE NUMBER	EMAIL ADDRESS
1.				
2.				

**Attach copy of ID*

***NOTE**

All members are required to make a monthly contribution of Kshs.200 towards the Burial Benevolent Fund (BBF)

Member's Signature

Date _____