**KABUNZA WELFARE COMMUNITY**

***MAKING OUR DREAM A REALITY***

**P.O BOX 522-20500 NAROK**

**TEL: 0712147124/0739904901**

**WELFARE REGISTRATION SHEET**

**Terms and conditions**

1. All the members must present a copy of their national IDs/passports during registration.
2. The member must present original national ID/Passport and birth certificates of his/her beneficiaries during registration to the Regional Manager(s) of their specific business location for approval by the welfare community office.
3. The contributions made by the welfare community only covers the applicant’s immediate family in case of bereavement, that is; the victim’s parents/guardians, five children only, one spouse and the victim himself/herself.
4. The members must present a copy of the deceased proof of death document in case of bereavement. The copy shall be handed to their specific regional managers at their particular business locations for documentation
5. The members must present a copy of valid documents supporting their claims for contributions.
6. Other contributions besides bereavement only covers the member himself/herself
7. The members shall pay the set non-refundable registration fee by the executive body which is at least Kshs100/= at the moment but is prone to change, of which they shall be notified fourteen days prior.
8. The member shall pay the set regular non-refundable amount to the welfare community declared official account by management.
9. The member shall be dismissed from the welfare community through writing if he/she misses out on four continuous contributions unless adequate reasons are stated by him/her to be considered by the executive body and if any contributions had been made to him/her earlier on, he/she must pay 40% of every contribution(s) to the welfare community upon dismissal failure to which his/her business and household items shall be forfeited as a repayment mode.
10. A person may cease to be a member to the welfare community if he/she fails to contribute more than four (4) times continuously to the welfare community. At the moment is Ksh 30/= on every Sunday of the month but this figure is prone to change with a fourteen (14) day notification prior with a Ksh10/= fine on every default.
11. One may cease to be a member , demanding to drop his/her membership from the welfare community and this takes effect immediately but on condition that no contribution(s) had been made to him/her earlier on.
12. All the payments and contributions shall be made through the welfare’s Till Number/Bank Account given by the welfare community and it won’t be liable to payments and contributions made through any other means.
13. All the members shall present their issues of concern to their immediate regional managers for them to present them to the welfare community office.
14. All the members must respect each other and must pay due diligence to the welfare community failure to which may lead to dismissal.
15. The only languages to be used during the welfare’s meetings are English, the official language, and Swahili, the national language.
16. The member stays for two months immediately after joining the welfare community before receiving any contribution but he/she must make contributions called upon by the welfare community
17. All the members must be business persons and state the nature and location of their businesses during registration, unless changes are made with a prior notification.
18. Any member may lose his/her membership if he/she is involved in any proven criminal offence.
19. In case of bereavement, the member may be accompanied by any member(s) of his/her own wish from his/her specific business location only.
20. The membership registration forms shall be found by the regional managers of particular business locations. The regional manager must be a business person as the welfare constitution states.
21. The welfare’s payment and contribution sheet shall be signed by the specific regional managers on behalf of the members. Any change to this rule shall be communicated to the members fourteen days prior.
22. If a member dies, he/she automatically ceases to be a member but after contributions are made to him/her and one of the stated beneficiary shall sign the victim’s contribution sheet on his/her behalf
23. The members both of the executive body and general body must surrender any property including the document that belongs to welfare community whenever required.
24. The stated beneficiary by the member having an original national ID/Passport, must also present an original national ID/passport of the victim, may also sign the victim’s contribution sheet if he/she is not around but by his/her approval
25. If a member has more than one incidence that call for contribution, the incidences shall be taken as one incidence calling for a single contribution from the welfare community.
26. The member can be registered again to the welfare community after he/she had been dismissed but will have to pay registration fee that is higher than the ordinary, in this case, it is Ksh 500/= but this figure is prone to change with a 14 day prior notification to the members.
27. Upon any incidence calling for contribution as stated by the welfare community the member(s) shall get Ksh 5000/= for critical hospitalization, maternity affairs & school fees and Ksh 10,000/= for bereavement at the moment and this figures and contribution demands are prone to change but with a fourteen (14) day notification prior to the members.

**Having read the terms and conditions of Kabunza welfare community pertaining the welfare community, do hereby fully abide by them.**

Name……………………………………………………………………………………..……Date……………………………...

Id No…………………………………………………….Tel……………………….………………….**SIGN**…..............................

**BENEFICIARIES :**

**Parents: 1)** Name…………………………………………………………………………………………Date……………………………...

Id No……………………………………………………….Tel……….………………………….**SIGN**…............………........

**2)** Name…………………………………………………………………………………Date……………………………...........

Id No……………………………………………………….Tel……….………………………….**SIGN**…....................…………

**Spouse:**

Name……………………………………………………………………………………..……Date……………………………...

Id No…………………………………………………….Tel……………………….………………….**SIGN**…..............................

**Children :**

1. Name……………………………………...………………………………………………Date……………………...

Id No………………………………………………….Tel……….…………………………**.SIGN**…...……….............

1. Name……………………………………...………………………………………………Date……………………...

Id No……………………………………………….Tel……….………………………….**SIGN**…....................………

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Id No……………………………………………….Tel……….………………………….**SIGN**…....................………

**Registration fee**......................................(In Words)....................................................................................... …………………...

…………………………………………………………………………..Date......................................**SIGN**..…………………...

Application times............................................................................................................................................ …………………...

Enterprise Name............................................................................................................................................ …………………...

Business type..........................................................................................................................**SIGN**……………………………

Business Location………………………………………………………………………………………........………………….

Permit No... ................................................................................................................................................ …………………...

Residence ………..........................................................................................................................................…………………...

**Having provided the information and documents required above pertaining the welfare community, truly admit that it is genuine and I shall be held liable in case of fraud if found guilty. SIGN**………………

**Regional manager:**

Name……………………………………………………………………………………..………...… ……………………………...

Date …………………………………………………….Tel……………………….………………….**SIGN**…..............................

**Served by**.Name……………………………….............……........….................................. TEL ………………...................

Position ……….………................……..............……DATE............... …...........................…….**SIGN**……………..............

**APPROVAL(CHIEF EXECUTIVE OFFICER)**

Name.........................................................................................................................Date...................................SIGN....................