

KEYSTONE DT SACCOThe Sacco of Choice P.O BOX 2073 TEL (057) 2024767 +254799-946-225 KISUMU-KENYA

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GFC COVER DETAILS FORM FOR FOUR CHILDREN & A SPOUSE

1.	MEMBERS'S DETA	MEMBERS'S DETAILS			
	MEMBER'S				
	NAME:				
	ID NUMBER:				
	MEMBER				
	NUMBER:				
	TSC/P.F.				
	NUMBER:				
	DATE OF BIRTH				
	MOBILE				
	NUMBER:				
	ADDRESS:				
	SIGN:				
	T				
2.	SPOUSE DETAILS				
	SPOUSE NAME:				
	ID NUMBER:				
	MOBILE				
	NUMBER:				
	DATE OF BIRTH:				
	ADDRESS:				
	CHILL DDEN DEE AH	- G			
3.	CHILDREN DETAIL	I	NIA MED.	T	
a)	NAME: ID NO. / BIRTH	b)	NAME: ID NO. / BIRTH		
	CERTIFICATE		CERTIFICATE		
	NO.		NO.		
	DATE OF BIRTH:		DATE OF BIRTH:		
	MOBILE		MOBILE		
	NUMBER:		NUMBER:		
	GENDER:		GENDER:		
	021,2211		021,2211		
c)	NAME:	d)	NAME:		
-,	ID NO. / BIRTH		ID NO. / BIRTH		
	CERTIFICATE		CERTIFICATE		
	NO.		NO.		
	DATE OF BIRTH:		DATE OF BIRTH:		
	MOBILE		MOBILE		
	NUMBER:		NUMBER:		
	GENDER:		GENDER:		
Att	tach:	•			
1. Copy of Spouse ID					
	2. Copies of Birth Certificates of the FOUR children (for children above 18yrs include National ID & Birth				
	Certificate.)				
•					
NB: This cover only covers children below 25 years of age					
OF	FICIAL USE:				
Red	ceived by:	Signatur	·e:	Date:	
Reg	gistered by (System):	Signatu	ıre:	Date:	
_		~.		ъ.	
For	rwarded by:	Signatu	ıre:	Date:	