

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

Email Address: kitesacco@gmail.com

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:				
	•				
2. SPOUSE DETAILS					
	SPOUSE NAME:				
	ID NUMBER:				
	MOBILE				
	NUMBER:				
	DATE OF BIRTH:				
	ADDRESS:				
3.	CHILDREN DETAIL	LS			
a)	NAME:	b	o) NAME:		
	ID NO. / BIRTH		ID NO. / BIRTH		
	CERTIFICATE		CERTIFICATE		
	NO.		NO.		
	DATE OF BIRTH:		DATE OF BIRTH:		
	MOBILE		MOBILE		
	NUMBER:		NUMBER:		
	GENDER:		GENDER:		
	NAME	Ι ,	1) NIANETT		
c)	NAME:	d	I) NAME:		
	ID NO. / BIRTH		ID NO. / BIRTH		
	CERTIFICATE		CERTIFICATE		
	NO. DATE OF BIRTH:		NO. DATE OF BIRTH:		
	MOBILE NUMBER:		MOBILE NUMBER:		
	GENDER:	+	GENDER:		
A ++	ach:		GENDER.		
Au	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 LICE.				
UF.	FICIAL USE:				
Received by: Si			ture:	Date:	
	J		**		
Registered by (System):			ature:	Date:	
Forwarded by:		Signs	ature.	Date:	