

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

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FUNERAL COVER DETAILS FORM FOR FOUR CHILDREN & A SPOUSE

1.	MEMBERS'S DETAILS					
	MEMBER'S					
	NAME:					
	ID NUMBER:					
	MEMBER					
	NUMBER:					
	TSC/P.F.					
	NUMBER:					
	DATE OF BIRTH					
	MOBILE					
	NUMBER:					
	ADDRESS:					
	SIGN:					
	CROLICE DEFINITION					
2.	SPOUSE DETAILS	Т				
	SPOUSE NAME:					
	ID NUMBER:					
	MOBILE NUMBER:					
	DATE OF BIRTH:					
	ADDRESS:					
	ADDRESS:					
3.	CHILDREN DETAIL	C				
a)	NAME:		b)	NAME:		
<i>a)</i>	ID NO. / BIRTH		D)	ID NO. / BIRTH		
	CERTIFICATE			CERTIFICATE		
	NO.			NO.		
	DATE OF BIRTH:			DATE OF BIRTH:		
	MOBILE			MOBILE		
	NUMBER:			NUMBER:		
	GENDER:			GENDER:		
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:		
Attach:						
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						
OFFICIAL USE:						
Received by: Date: Date:						
Received by:			Signature:		Date:	
Danistanad hy (System)			C:t		Date	
Registered by (System):			natu	re:	Date:	
Forwarded by			not	ro.	Data	
Forwarded by:			matu	ا ت.	บลเซ	