



GLOHA SACCO PO BOX 8074-00200 NAIROBI, Email: info@gloha-sacco.co.ke website: gloha-sacco.co.ke Contact: 0726228004, 0720578278.

BENEVOLENT FUND APPLICATION FORM

1) PRINCIPAL MEMBER DETAILS

Surname: _____ Other Names: _____

Date of Birth: _____ ID/Passport Number: _____

Organization: _____

P.O. Box: _____ Postal Code: _____

Mobile Number: _____ Email Address: _____

2) MEMBER'S BENEFICIARY DETAILS

#	Name	Relationship	Date of Birth	Age	ID/PP Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3) MEMBER'S SIGNATURE

Signature: _____ Date: _____

4) PAYMENT DETAILS

Direct Bank Deposit/Cheque Payments:

Account Name: Gloha Sacco Society Ltd
Bank Name: Cooperative Bank of Kenya

Account Number: 01100844777000
Branch: Haile Selassie Avenue

MPESA

Paybill Business Number: 400200

Account Number: 40084477

5) FOR OFFICIAL USE ONLY

Checked By: _____ Authorized By: _____

Attach copies of dependants IDs; parents from both sides and copies of children's birth certificates