



KENTOURS REGULATED NON-WDT SACCO SOCIETY

1st Floor, Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi
P.O. Box 79333 - 00200 Nairobi, Kenya · Tel. 0709 309000 · Cell: 0722 968596 or 0733 667596
Website: www.kentours.co.ke. Email: info@kentours.co.ke

DEPENDANTS DECLARATION FORM

The data requested below is required for purposes of funeral expense insurance cover in the event of death of Sacco member's spouse or child. The insurance cover extends to only the spouse and children whose details have been provided in this form. Only 1 (one) spouse is covered. All children are covered but only 1 (one) claim is admissible in any given year. The age limits are 18 to 80 years for spouse and 1 day to 21 years for children. Children between ages 21 and 25 years are covered provided there is evidence of them being full-time students. Payout is pegged at Ksh. 100,000 per death.

1. PRINCIPAL MEMBER'S DETAILS

Name (per the National ID Card/Passport): _____

ID/Passport No: _____

Member Number: _____

Phone No: _____

2. SPOUSE'S DETAILS

Name (per the National ID Card/Passport): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

3. CHILD'S DETAILS (For children up to 21 years of age or up to 25 years if there is proof, they are full-time students)

a. Name of First Child (per ID/PP/Birth Cert. or Notification): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

b. Name of Second Child (per ID/PP/Birth Cert. or Notification): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

c. Name of Third Child (per ID/PP/Birth Cert. or Notification): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

d. Name of Fourth Child (per ID/PP/Birth Cert. or Notification): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

e. Name of Fifth Child (per ID/PP/Birth Cert. or Notification): _____

ID/Passport No: _____

Date of Birth: _____ (dd/mm/yyyy)

4. INDEMNITY & DECLARATION

I confirm that I have:

- i. consented to the collection, processing, storage and sharing of the data for the purpose of maintaining the insurance cover.
- ii. understood that the data may be made available to the Sacco's partner organizations or individuals for lawful purposes.
- iii. indemnified the Sacco against any loss or injury arising out of any claim as a result of processing, storing and sharing of this data.

I further confirm that the information given above is true to the best of my knowledge.

SIGNED BY SACCO MEMBER:

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Name: _____ **Signature:** _____ **Date:** _____

Any changes to the provided information /documents should be communicated to the Sacco in writing.

5. NOTES

REQUIRED DOCUMENTS FOR FUNERAL EXPENSE CLAIM

1. Copy of national ID card/passport of principal member;
2. Copy of national ID card/passport of deceased spouse or child (if child is above 18 years);
3. Death Notification or Death Certificate of spouse or child;
4. Burial Permit;
5. Marriage Certificate (where available) in the event of spouse's death;
6. Birth Certificate of child in the event of child's death.