KENTOURS REGULATED NON-WDT SACCO SOCIETY

1st Floor, Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi
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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. A member is allowed to declare one (1) spouse and a maximum of four (4) children. However, during the period of cover, the funeral expense benefit is payable on death of the spouse and one child out of the four children whose details have been provided in this form. The age limits are 18 to 85 years for spouse and 1 day to 18 years for children. Children between ages 18 and 25 years are covered provided there is evidence of them being full-time students. Payout is currently pegged at Ksh. 100,000 per death but is subject to review from time to time.

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 18 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): _____

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____Date of Birth: _____

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

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____Date of Birth: _____

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

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____Date of Birth: _____

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

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____Date of Birth: _____

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:

Name: _____ Signature: _____ Date: _____

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

The following documents will be required only when making a claim in the event of death of a declared dependant.

i. Copy of national ID card/passport of principal member;
ii. Copy of national ID card/passport of the deceased;
iii. Death Certificate and Burial Permit;
iv. Deceased child's Birth Certificate.