



# JAMII CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

P.O Box 57929 -00200, Nairobi- Kenya  
 Tel: (020) 6552477, 6552448, Mobile: 0715-961545, 0712-852762  
 Web: www.jamiisacco.com E-mail: Info@jamiisacco.com

## JAMII SACCO GROUP FUNERAL COVER SCHEME FORM

**REQUIREMENTS:** 1.Copy of National ID 2. One colored Passport Size Photo 3. Copy of KRA PIN certificate

### APPLICANT'S DETAILS.

Surname:	Other Names:	Membership no.
Marital Status:	Occupation:	KRA Pin:

### CONTACT DETAILS.

Postal Address:	Postal Code:	Town/City:
Office Telephone No:	Mobile No:	E-Mail Address:

### PHYSICAL ADDRESS.

Home County:	Estate/Location:	House No./Village:
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### EMPLOYMENT DETAILS (To be completed by applicant on payroll).

Name Of Employer:	Payroll No:	Work County:
Terms of Employment Permanent/Contract	Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	Expiry Of Contract:

### IF SELF EMPLOYED (To be completed by Self-Employed applicant).

Business Name:	Business Location:	Office Tel. Number:
Nature of Business	Location of the Business at the County:	District/Sub-County:

### SOURCE OF FUNDS (Tick as appropriate).

Salary <input type="checkbox"/>	Business proceeds <input type="checkbox"/>	Pension <input type="checkbox"/>
Others(Specify)		

### JAMII SACCO GROUP FUNERAL COVER SCHEME CONTRIBUTION.

Annual Contribution(Kshs.2040.00)	Amount in Words: <b>Two Thousand Forty shillings only.</b>
Proposed Mode of payment: <input type="checkbox"/> Loan <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> M-pesa Paybill <input type="checkbox"/> Check-off <input type="checkbox"/> Other(Specify)	
Effective Date(dd/mm/yy):	





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### NEXT OF KIN LIST:

Sno.	Name(s)	Relationship	ID Number/ Huduma/Birth Certificate No.	Mobile No.	Date of Birth
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I agree to abide by the **Terms and Conditions** that govern Jamii Sacco Group Funeral Scheme. I affirm that the Information given here in is true and complete.

Member Name:.....

Date...../...../.....

Member Signature:.....

### OFFICIAL USE ONLY: JAMII SACCO SOCIETY LTD

Received By:.....Signature:.....Date:.....

### OFFICIAL USE ONLY: INSURANCE

Captured By: ..... Signature..... Date.....

Supervised By: ..... Signature:..... Date:.....