



Kuscco Mutual Assurance
Your life assured

AFFIX COLOUR
PHOTO

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EMPLOYEE'S MEMBERSHIP APPLICATION FORM

Name of Employer _____

SECTION 1: DETAILS OF MEMBER

Name (in Block Letters) of the member:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name(s)	Surname

National Identity Card No. / Passport Number:

KRA PIN: D.O.B.:
(DD/MM/YYYY)

Phone Number: e-mail:

Address: P. O. Box: Town: Postal code:

Date of Entry into the Scheme: Date of Employment:
(DD/MM/YYYY) (DD/MM/YYYY)

Occupation/Profession: Gender (Male/Female):

Staff Number: Percentage of Contribution:

SECTION 2: DETAILS OF BENEFICIARIES

1st Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

(Continue overleaf if necessary)

2nd Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

3rd Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

4th Beneficiary:

Name: Relationship: D.O.B.:
(DD/MM/YYYY)

Address: P. O. Box: Town: Postal code:

Percentage e-mail:

National ID. No. / Passport Number: Phone Number:

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

SECTION 3: DECLARATION

I _____ declare that all statements made on this form are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy.

Member's Signature: _____ Date: _____

Trustees' Signature: _____ Date: _____

Trustee's Name: _____



SECTION 4: FOR OFFICIAL USE

Member details verification:

Member details verified by: Designation:

Signature: _____ Date: