



JOINAS SACCO SOCIETY LIMITED
P.O. BOX 669-00219
KARURI
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LAST RESPECT BENEFIT APPLICATION FORM

MEMBER'S NAMEM/NO.....

TEL.....PAYROLL NUMBER.....

I/D NO..... DATE OF BIRTH.....

PHYSICAL LOCATION..... SUBCOUNTY.....

MEMBER'S SPOUSE AND CHILDREN DETAILS

ONE SPOUSE AND NOT MORE THAN 4CHILDREN (UNDER 25 YEARS IN AGE)

NAME	RELATIONSHIP	ID. NO./ BIRTH CERT. NO	TELEPHONE NO.

Data Protection Statement:

The details you provide in this form will be used solely to process your benefit application. We may verify the information with third parties cross-check with the data already in our possession. Details will be shared with BRITAM GENERAL INSURANCE CO.LTD or appropriate authorities in the event of a complaint or a legal challenge involving Joinas DT SACCO ltd.

By signing the form, you consent to the processing of your sensitive personal information in compliance with the Data Protection Act, 2019 and the Joinas SACCO Data Protection Policy.

MEMBER'S SIGNATURE.....DATE.....

OFFICIAL USE ONLY:

WITNESSED BY; NAME.....SIGN.....DATE.....

VERIFIED BY: NAME.....SIGN.....DATE.....

Note: The premium covers only **four** children and **one** spouse within a financial year.

"We Fulfill Your Dream"