



VISION AFRIKA SACCO LIMITED

Pamoja Twashinda!

LIFE ASSURANCE MEMBERSHIP FORM

*The Cover, Covers Principal with a cover of 100,000 and the Dependants 50,000 incase of Death.
The benefits start from the 3^d installment.*

Name of Member _____ M/No.: _____

DETAILS OF PRINCIPAL MEMBER

Name (in Block letters) of the person by whom the assurance is to be effected.

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

National Identity Card No.; KRA PIN:

D.O.B: Phone Number:

P.O. Box: Postal code: email:

Phone No.:

DETAILS OF BENEFICIARIES

	Name:	D.O.B:	Contacts:	Relationship:	Amount:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Attach Legal identification documents for the members covered i.e ID/Passport for adults and Birth Certificates for Children.

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. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member's Signature _____ Date _____

Member's No. _____

For more information visit or contact us :

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