



# 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<sup>rd</sup> 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"/>				
2.	<input type="text"/>				
3.	<input type="text"/>				
4.	<input type="text"/>				
5.	<input type="text"/>				
6.	<input type="text"/>				
7.	<input type="text"/>				
8.	<input type="text"/>				
9.	<input type="text"/>				
10.	<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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