



KASS SACCO WELFARE

P.O. BOX 25636-00603
TEL NO.: 254725017855

MEMBER REGISTRATON FORM

Please complete this form accurately and attach a copy of ID Card/Passport/Alien card:
Fields Marked * are Mandatory.

PART A

PERSONAL DETAILS

*Surname	<input type="text"/>	* First Name	<input type="text"/>
* Middle Name	<input type="text"/>	* Nationality	<input type="text"/>
* ID	<input type="text"/>		
Date of Reg:	<input type="text"/>		
*Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
*KRA PIN	<input type="text"/>		

*** HOME DETAILS (insert as per ID)**

County:	<input type="text"/>	District	<input type="text"/>
District of Birth:	<input type="text"/>	Location:	<input type="text"/>
Sub-location:	<input type="text"/>	RESIDENCE DETAILS:	
Name of Estate:	<input type="text"/>	Floor & Room No:	<input type="text"/>
Name of Building:	<input type="text"/>	House No:	<input type="text"/>
Street/Road:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile	<input type="text"/>

Personal Address 1:	<input type="text"/>
Postal Code:	<input type="text"/>
Personal Address 2:	<input type="text"/>
Postal Code:	<input type="text"/>

PART B

DETAILS OF NEXT OF KIN

PARENTS

Father's Name									
ID Number									

Mother's Name									
ID Number									

PARENTS IN-LAW

Father's Name									
ID Number									

Mother's Name									
ID Number									

SPOUSES

Spouse 1 Name									
ID Number									

Spouse 2 Name									
ID Number									

Spouse 3 Name									
ID Number									

CHILDREN

Name									
ID / Birth Cert No.									

Name									
ID / Birth Cert No.									

Name									
ID / Birth Cert No.									

Name									
ID / Birth Cert No.									

BROTHERS / SISTERS

Name									
ID / Birth Cert No.									

Name									
ID / Birth Cert No.									

Name

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ID / Birth Cert No.

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Member's Signature Date.....

Note: Please complete a separate application form in respect of any additional spouse and child and others.

FOR OFFICIAL USE

Received & checked by:		Sign:		Date:	
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Authorized by		Sign:		Date:	
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Data Entry by		Sign:		Date:	
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Filed by		Sign:		Date:	
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