To

The Management

Family Sacco

RE: BENEVOLENT FUND APPLICATION FORM

I _____ Member No. _____ __

I.D. No. _____Work station _____Family Bank Account No:_____

Do hereby confirm that I have been a Sacco member from _____

I wish to inform you of:

1. My upcoming wedding to _____ _____
   on _____ to be held at_____
2. Bereavement:
   Full names: _____Relationship_____

Kindly consider my application as a beneficiary of the SACCO WELFARE and credit my account with the approved amount, **attached is; wedding card /marriage certificate/burial permit**

Member's signature:_____Date:_____

CONFIRMATION BY BRANCH/DEPT

We hereby certify the details as above.

Name: _____

Designation (a member of the management) _____

Signature_____ Stamp

Confirmed by Sacco

Name & sign: _____

SIGNED BY SACCO OFFICIALS:

CHAIRPERSON_____DATE_____

SECRETARY_____ DATE_____

TREASURER_____DATE_____