



## WANUNUZI SACCO BENEVOLENT APPLICATION FORM

### REQUIREMENTS FOR JOINING

1. Fill the benevolent fund application form
2. Attach the mandatory documents  
ID copy or birth certificate
3. Pay non-refundable registration fee of ksh.200 for Sacco members and ksh, 1200 for non-Sacco supply chain practitioners.
4. Members who had ceased paying may be re-admitted by paying ksh.600 no refundable re-admission fee.

### BENEFITS

The premiums and benefits stand as below:

Members	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Principal	50,000	100,000	200,000	300,000	400,000	500,000
Spouse	50,000	100,000	200,000	300,000	400,000	500,000
Children(Max 4)	50,000	100,000	100,000	150,000	200,000	200,000
Parents(Max2)	50,000	100,000	200,000	300,000	400,000	500,000
Parents in law(max2)	50,000	100,000	200,000	300,000	400,000	500,000
siblings	50,000	100,000	100,000	150,000	200,000	200,000
Annual Premium	1,800	3,000	6,000	8,400	10,200	13,200
Monthly premium	150	250	500	700	850	1,100
Additional child/siblings	200	350	350	500	650	650

Please select one option out of the six

Option 1  Option 2  Option 3  Option 4  Option 5  Option 6

NAME OF THE APPLICANT: .....

STAFF NO..... MEMBER NO ..... ID NO .....

EMPLOYER:..... Tel. (Cell) Phone:.....

EMAIL:.....

NAME OF YOUR SPOUSE: .....

YEAR OF BIRTH : ..... ID NO .....



**DEPENDANTS DETAILS**

	<b>YOUR OWN CHILDREN</b>	<b>D.O.B</b>
1		
2		
3		
4		

	<b>DEPENDANTS/ADDITIONAL CHILDREN</b>	<b>D.O.B</b>
1		
2		
3		
4		

	<b>PARENTS</b>	<b>D.O.B</b>
1		
2		
	<b>PARENTS IN LAWS</b>	
1		
2		

**Claim processing:** In the event of death which has been reported, Wanunuzi Sacco shall process the benefits within 48 hours after all documents have been received.

**The policy shall be for one year**





**PAYMENT PROCESS**

**WANUNUZI SACCO PAYMENTS PROCESS**

Members wishing to pay through M-PESA can use the following process.

- 1.Go to M-PESA
- 2.LIPA NA M-PESA
- 3.PAY BILL
- 4.Enter BUSINESS NUMBER **400222**
- 5.ACCOUNT NUMBER: **1665490#ID NUMBER**  
EXAMPLE: **1665490#29869876**
- 6.AMOUNT
- 7.M-PESA PIN

**DIRECT DEPOSIT TO THE BANK**

BANK NAME: **CO-OPERATIVES BANK**  
BANK BRANCH: **CO-OP HOUSE**  
ACCOUNT NAME: **WANUNUZI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
ACCOUNT NUMBER: **01100856860700**

**ACCEPTABLE PAYMENT METHODS INCLUDES:**

CHECK-OFF | STANDING ORDER | M-PESA | DIRECT BANK DEPOSIT

**AUTHORITY TO MAKE DEDUCTIONS FROM SALARY**

I..... of Staff/Member number..... hereby authorize you to deduct Kshs..... from my monthly salary and pay to Wanunuzi Sacco Limited's Benevolent Fund with effect from the month of .....20.....until further notice.

MEMBER'S SIGNATURE: ..... Date:.....

**For Official Use Only;**

Admitting Officer:..... Sign : .....

Checked By..... Sign: .....

Approved By (Supervisor):..... Sign: .....

Date of Admission.....

HEAD OFFICE  
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