



WE VARSITY SACCO LIMITED
P O BOX 873 – 50100
KAKAMEGA

APPLICATION FOR MEMBERSHIP INTO BURIAL & BENEVOLENT FUND SCHEME
[BBF]

I.....of P O Box.....hereby make application for membership of Western University SACCO Society BBF and undertake to be bound by the Schemes, Rules , Conditions and Regulations and the decisions of the Society General Meeting Management Committee and BBF Committee.

PART I

- a) Name:.....PF/NO:.....ID/NO:.....
- b) Employer:.....DEPT:.....
- c) Employer Address:..... Tel No:.....
- d) Home/Residential Address:..... Tel No:.....
- e) Next of Kin:.....
Guardian (if next of kin is below 18 years)
- f) Next of Kin/Guardian Address:.....ID/NO:.....
Telephone No:.....

PART II

- a) I wish to cover the following under this scheme.
- b) Name of Spouse(s): 1.ID/NO:.....
2.ID/NO:.....
- c) Child/Children 1.BC/NO:.....
2.BC/NO:.....
3.BC/NO:.....
4.BC/NO:.....
5.BC/NO:.....
- e) Parents Names: Father:.....ID/NO:.....
Mother:ID/NO:.....

CONDITIONS, RULES AND REGULATIONS GOVERNING THE SCHEME

1. Paid-up members, official, spouse, child of age up to 25 years, father and Mother shall qualify to participate.
2. A regular register of paid up members shall be maintained by the Society.
3. For the spouse, a certified copy of Marriage or Affidavit signed by an authorized person will be required by the society for record purposes. However, Identity Card may be accepted.
4. For children paid for, certified copies of Birth Certificate will be required by the Society for record purposes. However, Birth Notification and baptism cards may be accepted.
5. For parents paid for, Certified Identity Cards copies will be required by the Society for record purposes.
6. Each member will be required to complete a form (BBF) in full, signed and submit to the office.
7. Membership Fee of Kshs.200/= will be charged once only.
8. A monthly contribution of Ksh.200/= will be deducted from the members salary through the check-off system to cover for self, spouse, four children, mother and father. Cash payment will also be accepted.
9. In the event of death, a claim form, which will be in Wevarcity Sacco Office, will be completed and a certified copy of Death Certificate/Burial Permit will be required or any other document per prevailing conditions.
10. A member shall only qualify for a claim after contributing for six months
11. Any member ceasing employment shall remain in the register so long as she/he continues paying regularly.
12. Payment to claimants will be as follows:-
 - a. Member - 30,000.00
 - b. Spouse - 20,000.00
 - c. Child - 15,000.00
 - d. Parent - 12, 000.00

Claim will be met for only four children, one spouse and two biological parents. Payment for more than one spouse will be made to those who contribute an extra 100/= per month.
13. The Members shall provide an application form [BBF] the name of spouse, next of kin and/or Guardian (if the next of kin is below 18 years) his/her identity to whom payment in No.12 above may be made in His/her absence. The Office should be notified immediately of any death amongst these named persons.
14. These conditions will be revised from time to time to reflect the existing realities of the scheme.