



MEMBER APPLICATION FORM

PART A. MEMBERSHIP APPLICATION

APPLICANT'S PERSONAL DETAILS

FIRST NAME (in block letters)

SURNAME:.....

OTHER NAMES.....

DATE OF BIRTH: GENDER: MALE FEMALE

CONTACT ADDRESS.....

PHONE NUMBER.....

ID TYPE..... ID NUMBER.....
(Valid ID required: National ID, Passport and Driver's License)

PERMANENT ADDRESS: VILLAGE: T/A: DISTRICT:

MARITAL STATUS

MARRIED: yes no widow widower

NAME OF SPOUSE :(if yes)

CONTACT ADDRESS.....

PHONE NUMBER.....

APPLICANT'S EMPLOYMENT DETAILS

NAME OF EMPLOYER

WORKSTATION.....

EMPLOYMENT NUMBER.....

PROFESSION (JOB TITLE)

EMPLOYERS MAILING ADDRESS

MONTHLY DEDUCTION: SHARES K..... DEPOSITS K.....

NORMINATED KINS. (if there are more than one. Allocate the percentage)

SURNAME.....

FIRST NAME.....

DATE OF BIRTH..... SEX: male female

RELATIONSHIP..... ALLOCATION (in percentage).....%

SURNAME.....

FIRST NAME.....

DATE OF BIRTH..... SEX: male female

RELATIONSHIP..... ALLOCATION (in percentage).....%

PART B – PREMIUMS AND COVER OPTIONS

The member will be contributing a premium of **MK500** only per month and will be able to cover up to 7 persons under them. This fee is non- refundable at any given time.



ASSURED PERSONS	COVER AMOUNT
MEMBER	MK 500,000.00
SPOUSE	MK 250,000.00
CHILDREN	MK150,000.00
PARENTS	MK 50,000

DECLARED FAMILY MEMBERS

	FULL NAMES	DATE OF BIRTH	RELATIONSHIP	MOBILE No.
1				
2				
3				
4				
5				
6				
7				

BENEFICIARIES

MAIN BENEFICIARY			CONTINGET BENEFICIARY		
FULL NAME			FULL NAME		
DATE OF BIRTH	PHONE No.		DATE OF BIRTH	PHONE No.	
RELATIONSHIP			RELATIONSHIP		

Note: There is a 6 months period in case of natural death from the date of the first premium

DECLARATION BY THE PROPOSER AND LIFE ASSURED

To the best of your knowledge, are you in good health? YES/NO if no, please explain _____

I/We the person/s by whom the Assurance is to be effected, declare that to the best of my knowledge and belief: I/We am/are in good health, free from disease and disability or symptoms thereof.

ACKNOWLEDGEMENT

I hereby make Application for Membership, Funeral cover and agreed to conform to the Bye-Laws and any Amendments thereof

Signature..... Date of Admission.....

WHO CONVINCED YOU TO JOIN UNITED CIVIL SERVANTS SACCO?

- 1. UCS Sacco Staff: _____
- 2. UCS Sacco Member: _____
- 3. SMS Advert
- 4. Social Media
- 4. Tv/Radio Advert
- 5. Self-Registration
- 6. Phone Call

Sketch Map (Current home to your Branch Service Centre)

Specimen Signature

OFFICIAL USE ONLY

OPENED IN FIN FIN BY		CERTIFIED TO BE TRUE BY	
Signature:	Date	Signature:	Date
MEMBER ACCOUNT NUMBER:			