



# NGONG CATHOLIC PARISH MEMBERS' WELFARE FUND

Tel. (+254)722673461, Address: P.O. Box 24401 - 00502, Karen, e-mail: info@ngongwelfarefund@co.ke

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

### SECTION A: APPLICANTS DETAILS

Name: .....

Religion: .....Name of Church (Specify): .....,.....

I.D/ Passport Number: .....K.R.A Pin: .....

Date of Birth: ..... Marital Status: .....

Employer: ..... Occupation: .....

ATTACH  
PASSPORT PHOTO  
HERE

### SECTION B: CONTACT DETAILS

Telephone Number: ..... Alternative Number: .....

Email Address: ..... Physical Address: .....

Postal Address: ..... Code: .....Town: .....

### SECTION C: BENEFICIERY DETAILS

| No. | NAME         | RELATIONSHIP | ID.<br>NUMBER | TELEPHONE<br>NUMBER | Proportion<br>(%) |
|-----|--------------|--------------|---------------|---------------------|-------------------|
| 1   |              |              |               |                     |                   |
| 2   |              |              |               |                     |                   |
| 3   |              |              |               |                     |                   |
| 4   |              |              |               |                     |                   |
|     | <b>TOTAL</b> |              |               |                     |                   |

I, the undersigned, upon my demise whilst a member of the Welfare, hereby instruct the Welfare to pay all amounts due to me less any debts to the Welfare, to the person(s) named in this section. I understand that I may alter the name of nominated beneficiary by filling in a subsequent nomination/change of beneficiary form.

NAME: ..... SIGNATURE: .....DATE:.....



# NGONG CATHOLIC PARISH MEMBERS' WELFARE FUND

Tel. (+254)722673461, Address: P.O. Box 24401- 00502, Karen, e-mail: info@ngongwelfarefund@co.ke

## SECTION D: SPECIAL NOTICE TO NON-CATHOLIC APPLICANTS

1. I understand that as a non-catholic member of the fund I cannot vie or hold any executive post.
2. I understand that I cannot call a special general meeting for any reason.
3. I cannot challenge any decision to allocate profit from the fund for evangelical work to any catholic church/project.

## SECTION E: DECLARATION

1. I undertake to pay-in Kes. \_\_\_\_\_ as my minimum monthly share contribution as stipulated by the welfare fund and amended from time to time.
2. I hereby declare that all the information provided above is true to the best of my knowledge and undertake to abide by the by-laws of Ngong Catholic Parish Members' Welfare Fund as existing or amended from time to time.

NAME: ..... SIGNATURE: ..... DATE: .....

## SECTION G: MEMBERS INTRODUCING THE APPLICANT (Two Welfare Fund Members)

Name: ..... Signature..... Membership No .....

Name: ..... Signature..... Membership No .....

## SECTION H: FOR OFFICAL USE ONLY

1. Are the following documents attached and certified?

- a. A copy of Identity Card or Passport
- b. Passport size photo
- c. KRA PIN Certificate Copy

2. Is the applicant accepted? Yes/No.                      Membership No: .....

Registered by: .....                      Date: .....

Verified by: .....                      Date: .....