



MAKUENI AKA WELFARE
P.O BOX 172 – 90134
YOANI

Contacts: +254 710 833 983 / +254 725 109 607
Email: makueni.aka@gmail.com
Website: www.makueniaka.or.ke

BENEVOLENT REGISTRATION FORM

1.0 Member Details

MCAHCSL MEMBER NO:

FULL NAMES:

ID No / Passport No: Telephone No:

E-mail:

Residential address (Area / Estate)

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

Sub-county: Ward: Village:

2.0 Welfare Beneficiary

Pursuant to the by-laws of this welfare, I, the undersigned, nominate the person named in this section as my benevolent beneficiary.

Name	Relationship	ID No (if minor C/O)	Tel No (if minor C/O)	Address (if Minor C/O)

Declaration:

I confirm that the information provided is true and complete to the best of my knowledge. I accept the terms of the welfare and agree to conform to By-laws and any amendment thereof.

Member’s Signature: Date:

Please attach ID copies of both the member and the nominated beneficiary.

3.0 For Welfare Official Use Only

Verified & approved by: Signature:

Designation: Date: