



BUNISTA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

P.O BOX 194-40601
BONDO

Your Ref: _____ Our Ref: _____ Date: _____

APPLICATION FORM FOR BURIAL AND BENEVOLENT FUND (BBF)

I hereby make application for the membership of BBF and agree to conform to the By-laws or any amendments thereof:

FULL NAME _____
ID NO _____
P/F NO _____
NATIONALITY _____
DATE OF BIRTH _____ / _____ / _____ AGE _____
DEPARTMENT _____
DESIGNATION _____
COUNTY _____ DISTRICT _____
PRESENT ADDRESS _____ CODE _____ TOWN _____
MOBILE NO _____
TERMS OF EMPLOYMENT _____
HOME ADDRESS _____ CODE _____ TOWN _____

Have you ever been a member of this fund before? Yes / No

(Delete whichever is not applicable) if yes state:

BBF membership number _____

Year membership ceased _____

N/B: One must attach a pay slip as a certificate of being on payroll

Signature of applicant _____ Date _____ / _____ / _____

FOR OFFICIAL USE

DATE OF ADMISSION _____

DATE OF CEASETION _____

APPROVED BY MANAGEMENT MINUTE NO. _____

CPS MEMBERSHIP NO. _____

All correspondences addressed to:

Management – Bunista BBF

P.O Box 194-40601

Bondo



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Your Ref: _____ Our Ref: _____ Date: _____

TO: JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY

**AUTHORITY TO MAKE DEDUCTIONS FROM EMPLOYEES SALARY TOWARDS
BURIAL AND BENEVOLENT FUND (BBF)**

I _____ hereby authorize you to deduct
Kshs. 500.00 from my monthly salary and pay Bunista Burial and Benevolent Fund with effect
from the month of _____ 20____ until further notice.

P/F No. _____

Department _____

Address _____ Code _____ Town _____

Member's Signature _____ Date ____ / ____ / ____

This is to be used for deduction of shares from my salary.

NOTE

Please quote your bank as it appears on your pay slip and your account number.

Bank Name _____ Branch _____

Bank Account Number _____

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BONDO

Your Ref: _____ Our Ref: _____ Date: _____

BUNISTA MEMBERS DECLARATION FOR NEXT OF KIN

MR/MISS/MRS/DR/PROF _____

P/F NO _____ M/NO _____

BBF NO _____

I/D NO _____

PRESENT ADDRESS

INSTITUTION _____

ADDRESS _____ CODE _____

TOWN _____

HOME ADDRESS

ADDRESS _____ CODE _____

TOWN _____

Do hereby declare the under listed as members of the next of kin for the purpose of Bunista.

Name of Next of Kin.

Wife/ husband

Approximate Age

1. _____

Legal children

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parents

- 1. _____
- 2. _____

Parents in law

- 1. _____
- 2. _____

Declared extended family members

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Signature _____ Date ____/____/____

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Management – Bunista BBF,
P.O Box 194-40601,
Bondo.