

SHIRIKA DEPOSIT TAKING SACCO SOCIETY LTD
MEMBER'S SPOUSE AND CHILDREN CARD

MEMBER'S NAME.....M/NO.....TEL.....

PERSONAL/TSC NUMBER.....I/D NO.....

DATE OF BIRTH.....STATION.....

EMPLOYER'S NAME AND ADDRESS.....

DESIGNATION.....COUNTY.....

LOCATION.....SUB-COUNTY.....

SPOUSE'S /BENEFICIARY “(MEMBER) CLAIMS FOR 1 (ONE) ONLY”		DATE OF BIRTH	RELATIONSHIP	ADDRESS
1				
2				
3				
4				
5				
CHILDREN”, LIST ALL CHILDREN (MEMBER ALLOWED TO CLAIM FOR 2(TWO) ONLY				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(I..... (declare that this form contains a full and true statement of details so required). It is issued without alteration.

MEMBER'S SIGNATURE.....DATE.....

WITNESSED BY;

NAME.....I/D NO.....SIGN.....DATE.....

NAME.....I/D NO.....SIGN.....DATE.....

COUNTER SIGNATURE (MANAGER).....DATE.....

NB: INFORMATION ON THIS CARD WILL BE KEPT CONFIDENTIAL, NO ERASURERS OR CANCELLATIONS ARE PERMITTED.