

(BF/001)

**THE INSTITUTE OF CERTIFIED PUBLIC SECRETARIES OF KENYA  
BENEVOLENT FUND**

**P.O. BOX 46935 – 00100, NAIROBI**

**A. Member's Particulars**

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_

ID.NO. \_\_\_\_\_

Institute's Membership No: \_\_\_\_\_

Date of joining the Fund: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Any other information \_\_\_\_\_

Membership (tick as appropriate)

Life Member

Ordinary Member

**B. Name of Next of Kin:-**

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**C. Beneficiaries of the Fund**

1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_

2 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_

3 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_

4 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_

5 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_

\*Add as appropriate

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witnessed By

\_\_\_\_\_

Date