



## SOUTH EASTREN KENYA UNIVERSITY STAFF WELFARE ASSOCIATTION

### MEMBER REGISTRATION AND NOMINATION OF BENEFICIARIES FORM

From: (Member's Name):.....

Member's National ID No. (Attach copy of ID).....

Member's Mobile Phone No.....

Personal File No. (PF/No.) :.....

Postal Address.....

Personal E-mail Address.....

Institutional E-mail Address.....

Membership No.:.....

To: Secretary, South Eastern Kenya Staff Welfare Association

I hereby authorise the University to deduct from my salary a one-off registration fees of **KSh.500.00** and a monthly contribution of **KSh200.00** with effect from ..... towards the Staff Welfare Association, and wish to nominate the following as beneficiaries under the South Eastern Kenya University Staff welfare Association.

#### Nomination of Beneficiary/Beneficiaries

S/No.	Name of Nominated Beneficiary	Relationship	Date of Birth	Address/ Mobile Phone.
	Spouse			
1.				
	Children			
1.				
2.				

3.				
4.				
5.				
	<b>Parent/Guardian</b>			
1.				
2.				

I hereby authorise the Finance Officer to recover arrears amounting to Ksh.....in  
.....equal installments with effect  
from.....

**Member's Signature:**.....**Date:**.....

**FOR OFFICIAL USE ONLY**

Application approved/Not approved (Tick appropriately)

Name:..... Designation: .....

Signature: .....Date: .....

**SALARIES SECTION**

Name:.....Designation: .....

Signature.....Date:.....

