(For official use only): **Membership No: UASU-KU/WS/……/…….**

UASU-KU CHAPTER WELFARE SCHEME
REGISTRATION FORM

Kindly fill in the blank spaces in bold letters, sign and send the ***scanned document*** *to office Mail;* ***uasuku2014@gmail.com*** *For support or further inquiry call:* ***0703463646***

MEMBER DETAILS

Name: …… PF.No: …….. IDNo: .....

Department: ……...……

Permanent Address: ……...……...… Tel: …… E-mail address: ……

BENEFICIARIES *(As per KU Records)*

1. ……..……

2...……

3. ….……

4. ..……

5. ……..……

NEXT OF KIN

Name: ……ID No……

Relation: ……Tel: ……..……

DECLARATION

I ……PF No : ……ID No: …….Consent to be a member of **UASU-KU Chapter Members' Welfare Scheme** and agree to abide by the Scheme's Rules and Regulations.

Member Signature: ……. Date: ……

Scheme Secretary Signature: ……. Date: ……

Mode of payment:

- **Standing Order to Kenversity Sacco:**
  - A/c Name: **UASU-KU Chapter Welfare Scheme.** A/c No: **2483-05-23-GPR-121**
- **M-pesa Paybill:**
  - Paybill Number: **7132885** Ac/Name: **PF&Name**

Subscription fee:

- Registration Fee **Kshs.500/- (payable once)**
- Monthly Subscription
  - UASU member: **Kshs. 400/-**
  - Union: **Kshs. 200/**
  - Agency fee payers **Kshs. 600/-**