



GROUP FUNERAL EXPENSE COVER MEMBERSHIP FORM

GROUP NAME: KENYA QATAR DIASPORA SACCO

NAME OF THE INSURED:.....

ADDRESS.....

NATIONAL ID NO.....

DATE OF BIRTH.....

BENEFIT/ SUM ASSURED:

OPTION 2		
CATEGORY	Sum Assured	Annual Premium Total
Principal Member	100,000.00	3,000.00
Spouse	100,000.00	nill
Child	100,000.00	nill
Parent/Parent in Law	100,000.00	nill

DEPENDANTS DETAILS

NB: The dependants sum assured will depends on the principal Member's selected option.

Name	Relationship	Date of Birth	Sum Assured
	Spouse		100,000.00
	Child 1		100,000.00
	Child 2		100,000.00
	Child 3		100,000.00
	Child 4		100,000.00
	Parent 1		100,000.00
	Parent 2		100,000.00
	Parent 3		100,000.00
	Parent 4		100,000.00

SIGNATURE

DATE.....

