



SAUTI COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED  
P.O. BOX 300042-00100 NAIROBI|TEL:0202108693,0206511178  
Email:sautisaccoldt@gmail.com, info@sautisacco.com |website:www.sautisacco.com |

### BENEVOLENT APPLICATION FORM

#### 1. MEMBER DETAILS( as per your id/passport)

SURNAME		OTHER NAMES	
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MEMBER No.		ID/PP No.		D.O.B	
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MOBILE NUMBER		EMAIL ADDRESS	
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P.O. BOX		POSTAL CODE		COUNTY	
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#### 2. SPOUSE DETAILS (where applicable)

No.	Full Names	Gender	Date Of Birth (D.O.B)	ID number	Phone Number

#### 3. CHILDREN DETAILS (Where applicable)

No.	Name	Gender	Date Of birth(D.O.B)	ID/PP/Birth certificate number.	Phone Number



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**GENERAL TERMS AND CONDITIONS**

**ELIGIBILITY**

- **Principal and Spouse:** Minimum entry age is 18 years. Maximum entry age is 70 years. Maximum coverage age is 75 years.
- **Children:** Shall mean a child born to the Member or legally adopted by the member of this scheme who is Unmarried and under the age of 25years (Age Next Birthday). The insurable age shall be **3 months** old to **25years (inclusive)** subject to child being still unmarried, school going and in the custody of parent/member. A copy of ID card and proof of schooling will be required for children above 18 years before a claim is settled.
- **Only birth and legally adopted children are covered.**

**EXCLUSIONS**

The policy will not cover members who;

- Commit Suicide or attempted suicide within the first 6 months of joining the cover.
- Intake of illegal drugs, abuse of alcohol, willful inhalation of gas, willful exposure to radioactivity or the willful taking of poison or drugs (except as prescribed by a medical practitioner);
- Atomic energy and/or nuclear fission or reaction;
- Act committed by any life insured that is a violation of the law or any criminal activities;
- Death of a members who have attained the maximum entry age;
- Death of a members who have not been declared to CIC Life Assurance Ltd;
- Death of a members whose premium has not been paid to CIC Life;

**BENEFIT STRUCTURE**

MEMBER DESCRIPTION	LEVEL OF COVER
PRINCIPLE	100,000
SPOUSE	70,000
CHILDRED	50,000

Member Signature..... Date.....

**FOR OFFICIAL USE ONLY**

ACTIONED BY..... SIGNATURE..... DATE.....

CHECKED BY..... SIGNATURE..... DATE.....