



ADMINISTRATIVE PROFESSIONALS OF KENYA

GROUP LAST EXPENSE COVER MEMBERSHIP APPLICATION FORM

- 1) Please fill/complete Application Form as appropriate.
- 2) Attach ALL the Identification Documents for the Dependants under the Cover.
- 3) Scan the Application Form and ALL the relevant documents as one Continuous Document in the Order Below;
 - (i) Kimisitu Sacco Group Last Expense Cover Membership Application Form
 - (ii) Copy of National ID. Card for the Principal Member
 - (iii) Copy of the KRA PIN for the Principal Member
 - (iv) Copy of National ID. Card for Spouse
 - (v) Copy of National ID. Card / Birth Certificate / Birth Notification for Child 1 – 4
 - (vi) Copy of National ID. Card for Biological Mother
 - (vii) Copy of National ID. Card for Biological Father
 - (viii) Copy of National ID. Card for Mother-in-Law
 - (ix) Copy of National ID. Card for Father-in-Father

Maximum Age Limit is 90 Years

KIMISITU SACCO GROUP LAST EXPENSE COVER MEMBERSHIP APPLICATION FORM

Copy of National ID. Card of the Principal Member

Both Sides on the Same Page

Copy of the KRA PIN of the Principal Member

**Copy of National ID. Card of the Spouse
Both Sides on the Same Page**

**Copies of National ID. Card/Birth Certificate/ Birth Notification
Child No.1 – No.4 (Under 24 Years)**

For ID. Cards - Both Sides on the Same Page

Copies of National ID. Cards of the Biological Parents

Both Sides on the Same Page