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 NAIROBI
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 Website: www.ardhisacco.com
 NAIROBI



Date.....

ARDHI SACCO RISK FUND

Following the resolutions during the year 2026 the fund will now cover one spouse and four children in addition to the member as follows;

Member	Kshs. 150,000
Spouse	Kshs 100,000
Children	Kshs. 50,000 each
Biological Parent	Kshs. 0

Members are requested to provide names of their immediate family members who will be covered by the fund with effect from 1st March 2026.

For the fund to cover the family members, a member should have contributed for at least six months the monthly risk fund of Kshs. 350.

I Dr/Mr/Mrs/Miss/Ms.....

M/NO.....ID/NO.....Mobile No.....

Email Address.....

Hereby submit the following as my immediate family members.

Name of Spouse.....ID/ No..... Phone No.....

	Name	Relationship	Age	Contact Details Phone, Email, Postal Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I confirm that the information provided is true. I agree to abide by the by-laws and any other rules and regulations applicable. I further willingly provide the personal information and consent to its use as prescribed in the Ardhi Sacco Data Protection Policy (The Policy is available on our website www.ardhisacco.com and at our offices)

SignedID No.....
 P/no.....Membership No.....Date.....

Attach copies of ID (for spouse) and birth certificate (for children). Also note that only one spouse will be covered and any four children.

However, please provide names of all your immediate family members.