

WANA-ANGA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

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**EBF/WANAMECO CHANGE OF DEPENDANT'S FORM***(This form to be completed after reading carefully and understanding all the contents)***(Attach ID COPIES)****PART 1: MAIN MEMBER DETAILS***(To be completed by the applicant)*

Name of Member:ID./NO..... M/NO:.....

Current Total Contributions:..... New Total Contributions:.....

Cover to change: 1. **WANAMECO** ☐ (Tick)2. **EBF** ☐ (Tick)**PART 2: NEW DEPENDANTS***(To be completed by the Claimant)**Main member to include his/her name if covered*

	Name	ID number	Relationship	Date of Birth	Mobile Number	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

PART 3: DECLARATION*(To be completed by the applicant)*

I hereby confirm that the above entered details are true to the best of my knowledge.

NAME : SIGN:..... Date:.....

PART 4: FOR OFFICIAL USE ONLY

1. Approved Officer:

Comments:.....

Name:..... Designation:..... Sign.....

Date:.....