



UNIVERSITY OF EMBU STAFF WELFARE ASSOCIATION (UESWA)
REGISTRATION FORM

Affix passport
photo here

MEMBER DETAILS

Names:
 ID No: PF No.:
 Tel. No.:
 Department: Designation:
 Marital status: Email:
 Address (postal):

BENEFICIARIES DETAILS

1. SPOUSE

Names: ID No:
 Tel No: Address (postal):
 Place of work (If any):

2. CHILDREN DETAILS (Maximum of four (4) allowed)

Names:	Date of Birth:
Names:	Date of Birth:
Names:	Date of Birth:
Names:	Date of Birth:

3. PARENTS DETAILS (Both for member and spouse)

Names: ID No:
 Tel No: Address (postal):
 Place of work (If any):
 Place of residence:

 Names: ID No:
 Tel No: Address (postal):
 Place of work (If any):
 Place of residence:

Names: ID No:
 Tel No: Address (postal):
 Place of work (If any):
 Place of residence:

Names: ID No:
 Tel No: Address (postal):
 Place of work (If any):
 Place of residence:

NOTE: Please provide the following to complete the registration:

1. Birth certificate for the children declared
2. Passport photo of member, children, spouse and parents declared
3. Marriage certificate
4. Copy of ID card for member, spouse and parents declared

I certify that the details provided above are true.

Signature: Date:

AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY

I hereby authorize you to deduct Kshs. monthly from my salary or any other financial benefits due to me and pay the Embu University Staff Welfare Association with effect from the month of 20 being my share savings with the society until further notice in writing, signed by me and the Society Chairman.

Signature: Date:

For official use only

Membership No.:

Secretary: Date:

Chairman: Date: