



BENEFICIARY FORM

MEMBER INFORMATION

NAME	
ID NO.	
POSTAL ADDRESS	
EMAIL	
TEL NO	
NEXT OF KIN	
DATE OF DMISSION	

BENEFICIARIES

NAME OF PARENT/ GUARDIAN	TEL NO	EMAIL	STATE/COUNTRY

DEPENDANTS

NAME	EMAIL	TEL	STATE/COUNTRY

MEMBER

NAME:

SIGN:

DATE

WITNESS

MEMBER 1

MEMBER 2

NAME: NAME:

SIGN: SIGN:

DATE DATE

WAMUSYI DIASPORA ORGANIZATION

TEL: 000 000 000 / 000 000 000

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