



CUREPLUS ENROLLMENT FORM
Fill Form for SACCO Members

Agent No.

INSTRUCTIONS

Fill in **BLOCK LETTERS** and tick (✓) where applicable.

SACCO DETAILS

SACCO Name: _____ Reg No: _____
County: _____ Subcounty: _____ Ward: _____
Contact Person: _____ Phone: _____
Ref No: _____

CLIENT DETAILS

Full Name: _____
ID Number: _____ DOB: ____ / ____ / ____
Gender: Male Female Other
Phone: _____ Alt Phone: _____
Residence: _____ Pin Number _____

SACCO MEMBERSHIP

Member No: _____ Date Joined: ____ / ____ / ____
Type: Boda Boda TukTuk Plate No: _____

NEXT OF KIN

Name: _____ Relationship: _____
Phone: _____ Address: _____

PLAN DETAILS

Plan: _____ Amount (KES): _____
Frequency: Daily Weekly Monthly
Payment: SACCO Direct Other: _____

CLIENT CONSENT

I confirm the information given is correct, I understand the CurePlus service, and I consent to enrollment and data use for program purposes.

Name: _____
Signature/Thumbprint: _____ Date: ____ / ____ / ____

SACCO CONFIRMATION

We confirm this is a SACCO member and approve enrollment.

Name: _____ Designation: _____ Phone No.: _____
Signature & Stamp: _____ Date: ____ / ____ / ____

FOR OFFICIAL USE

Reviewed By: _____
Status: Approved Pending Rejected
Remarks: _____
Signature: _____ Date: ____ / ____ / ____

NOTE: Data handled under Kenya Data Protection Act (2019). This form is legally binding.

TERMS & CONDITIONS (READ CAREFULLY)

- Eligibility:** Enrollment is limited to verified SACCO members with valid identification.
- Accuracy of Information:** The client is responsible for providing true and complete information. False information may lead to rejection or cancellation.
- Program Nature:** CurePlus provides medical financing and access support subject to approved plans, limits, and policies.
- Repayment:** The client agrees to pay utilised limit as selected. Missed or delayed payments may affect benefits or eligibility.
- Verification:** All applications are subject to SACCO and CurePlus verification before approval.
- Use of Data:** The client consents to collection, storage, and processing of personal data for registration, service delivery, communication, compliance, and system migration.
- Data Sharing:** Data may be shared with authorized partners (e.g., SACCOs, healthcare providers) strictly for program purposes.
- Confidentiality & Security:** CurePlus and SACCOs will take reasonable measures to protect client data from unauthorized access or misuse.
- Amendments:** CurePlus may update plans, processes, or terms with prior notice to SACCOs and members.
- Records:** This form is an official record and will be digitized when systems are available. Originals remain valid and binding.
- Disputes:** Any issues arising will be handled in accordance with CurePlus policies and applicable Kenyan law.
- Consent Confirmation:** By signing above, the client confirms understanding and acceptance of these terms and conditions.

CHECKLIST (BEFORE APPROVAL)

Copy of National ID / Alien ID attached Pin Certificate Client phone number verified SACCO membership confirmed Next of kin details completed Plan selected and repayment amount filled Payment method indicated Client has signed / thumbprinted SACCO official has signed & stamped All mandatory fields completed clearly
Agent Name: _____ Signature: _____ Date: ____ / ____ / ____