



HIGHWAY YOUTH GROUP URBAN NETWORK (HYGUN)

Highway Youth Group Mathare 4A
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WELFARE INDIVIDUAL APPLICATION FORM

No.

SECTION A: Member Details

GROUP NAME: _____

Full Name: _____

Date of Birth _____ Sex: _____ Male _____ Female _____

Residence/Village _____ Phone Number _____

National ID No: _____ Alternative Phone: _____

HYGUN ID: _____

SECTION B: Next of Kin (person to be engaged in case of demise)

Name: _____ Mobile _____

ID Number: _____ Alternative Phone _____

To be filled by group official

On behalf of the group I confirm the information given by the applicant

Name of official: _____

Signature of official: _____

Date of signing _____ Position of official: _____

Cont at the back...

