****

 **እኛ ለእኛ እድር**

**የአባላት የሁኔታዎች ለውጥ ማሳወቂያ ቅጽ**

**Egna Legna Idir Welfare Association**

**Change of Circumstances Form**

**በመተዳደሪያ ደንባችን መሰረት የአድራሻ ለውጥ፣ የተጨመረ የቤተሰብ አባል፣ ከቤት የወጣ የቤተሰብ አባል፣ የአደጋ ጊዜ ተጠሪ ለውጥ፣ ከአባልነት መልቀቅን ወዘተ. ማሳወቅ ሲፈልጉ ከዚህ በታች ያለውን ቅጽ በመሙላት ለውጡን በ14 ቀናት ውስጥ ለቦርዱ እንዲያሳውቁ አጥብቀን እናሳስባለን።**

**In accordance with our constitution members need to report Change of address/ new family member, family members who moved out, Change of next of kin, termination of membership etc. by completing the form below.**

**Name**

1. **የአባሉ ስም/ Name …………………………………………………**
2. **የአባልነት መለያ ቁጥር/ UMN ………………………………………**
3. **የስልክ ቁጥር/Tel. Number ………………………………………**
4. **የተለወጠውን ሁኔታ እባክዎ ከዚህ በታች ያሳውቁን**

**New changes ( Please specify below)**

**4.1 አዲሱ የአባል አድራሻ (New Address) ……………………………………………………………**

**…………………………………………………………….**

**እባክዎ ማስረጃ ያያይዙ**

**(please attach proof of your new address)**

**4.2 አዲሱ የቅርብ ተጠሪ ስም……………………………**

**ሙሉ አድራሻ………………………………………………**

**……………………………………………………………..**

**ስልክ………………………………………………………**

**ኢሜል…………………………………………………….**

**New next of Kin details**

**Name…………………………………………………….**

**Full address……………………………………………**

**…………………………………………………………….**

**Telephone……………………………………………..**

**Email……………………………………………………..**

**Change of family circumstances**

**4.3 አዲስ የተወለደ ልጅ ስም) ………………………………**

**የትውልድ ቀን ………………………………………….**

**(እባክዎ ማስረጃ ያያይዙ)**

**Name of newly born Child**

**(Date of birth) ……………**

**(Please attach proof of birth certificate or a photo ID)**

**4.4 የአዲስ የትዳር አጋር ስም```…………………... ……………**

**(እባክዎ ከእርስዎ ጋር በአንድ አድራሻ መኖራቸውን የሚያረጋግጥ ማስረጃ ያያይዙ)**

**New partner’s name:……………………………………………………**

 **(please attach proof of address to show your partner is living at the same address)**

**4.5 የአባልነት ለውጥ ምክንያት**

**በፍቺ መለያየት**

**በሞት መለያየት**

**Reason for change of family circumstances**

**Divorce/Separation**

 **Death of a family member**

* 1. **እድሜው ከ25 አመት በላይ የሆነ ልጅ ከቤት መውጣት**

 **የልጁ ስም……………………………………………………..**

 **ከቤት የወጣበት ቀን …………………………………………….**

**Child moved out of the family**

**Name of the child ……………………………………….**

 **Date of move………………………………………………….**

* 1. **እባክዎ ሌሎች ከእድሩ ጋር የተያያዙ ለውጦችን ያሳውቁን**

**………………………………………………………………..**

**Please notify us if there are any other relevant changes to your membership**

**……………………………………………………………………..**

**ማሳሰቢያ**

**የእርስዎንም ሆነ የቤተሰብዎን ሁኔታ በተመለከተ ያለውን ለውጥ በተጠየቀው የ14 ቀን የጊዜ ገደብ ካላሳወቁ የክፍያ ጥያቄዎን ሂደት ሊያወሳስብና ክፍያ ሙሉ ለሙሉ እስከመነፈግ ሊያደርስዎ ይችላል።**

**Strict reminder**

**Failure to report change of personal circumstances within the required 14 days could lead to complications in the processing of your claims or even result in a complete refusal of your benefit claim.**

**የአባል ስም:-………………………**

**ፊርማ …………………………………….. ቀን……………………………………….**

**Name of the member……………………………………**

**Signature ………………………………………………**

**Date……………………………….**