



**ADDENDUM**

As a Member of Mbaitu Inc. Welfare, I acknowledge and understand that I am obligated to remain as an active Mbaitu Inc. Welfare member in good Standing, per the rules and regulations, for a period of 60 consecutive months (5 years) after the date I receive any Mbaitu Inc. Welfare benefit without exception.

As a member I also realize that failure to comply will lead to a refund of the total amount given to me at the time of loss to the Mbaitu Inc. Welfare. With this legally binding document kindly find attached my signature.

**Full Member Name:** .....  
**Signed:** .....  
**Date:** .....

**Notarized** .....

Notarized document to be scanned and emailed to: [Mbaituincwelfare@gmail.com](mailto:Mbaituincwelfare@gmail.com)

**Accepted by:**

**Mbatu Inc. Treasurer Signature:** .....  
**Mbaitu Inc. Welfare rep Signature:** .....  
**Mbaitu Inc. Voting committee Rep. Signature:** .....