



KANISA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

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PART A: NEXT OF KIN NOMINATION FORM

Member's Name: _____ ID/PP No. _____

I, the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person(s) named in this section (*the name(s) of the nominee can be given in a sealed letter*). I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

NOMINEES / NEXT OF KIN (FULL NAMES)

No	Full Names	Relationship	% of Allocation	ID Number	Email Address	Phone Number
1.						
2.						
3.						
4.						
5.						

Nominated Trustee (In cases where the Next of Kin is below 18 Years)

No	Full Names	Relationship	ID Number	Email Address	Phone Number	Date
1.						
2.						

WITNESSED BY:

No	Name	ID Number	Sign	Date
1.				
2.				

This nomination cancels any other nomination given by me previously.

Member's Signature _____ Date _____

PART B: OFFICIAL USE

Admission Date _____ Entrance Fee _____

Membership No _____

Official Name _____ Official Signature _____

Confirmed by Hon. Secretary:

Name _____ Signature _____ Date _____

