



NOMINEE INFORMATION FORM

In accordance with the society’s by-law 15, I, the undersigned declare that in the event of my death while being a member of the society , hereby instruct the Society to pay all amount due to me,to the person(s) named in proportion shown below.

Members full names.....

National Identity Card No.....

Member Number.....

Address.....

LIST OF NOMINEES

Full Names :.....(as they appear on ID)

Date of Birth.....Id No.....

Postal Address.....

Relationship.....% Assigned.....

E-mail Address.....

Tel. No.....

Nominated Guardian.....

Full Names :.....(as they appear on ID)

Date of Birth.....Id No.....

Postal Address.....

Relationship.....%Assigned.....

E-mail Address.....

Tel.No.....

Nominated Guardian.....

Full Names :.....(as they appear on ID)

Date of Birth.....Id No.....

Postal Address.....

Relationship.....

E-mail Address.....

Tel.No.....

Nominated Guardian.....

Full Names :.....(as they appear on ID)

Date of Birth.....Id No.....

Postal Address.....

Relationship.....%Assigned.....

E-mail Address..... Tel.No

Nominated Guardian.....

Signature of Member.....**Date:**

Witness Details

Full Names: (As they appear on ID)

Date of Birth.....ID NO.....

Postal Address.....

E-mail AddressTelephone No.....

NB:

Members must attach copies of their National Ids and those of their Nominee(s) or birth certificate where necessary and passport size photos.

In case of more nominees than provided above, attach details