

# KINGA

## NOMINEE FORM

SAVINGS & CREDIT CO-OPERATIVE SOCIETY  
P. O BOX 22591-00400  
To Kinga Sacco Ltd,

Name of Member \_\_\_\_\_ Member NO: \_\_\_\_\_

### BENEFICIARY DETAILS

I, the undersigned, in the event of my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me, to the person(s) named in this section. The name(s) of the beneficiary(s) can be given in sealed letter. I understand that I may alter the name of beneficiary by filling in a subsequent form.

BENEFICIARY (FULL NAMES) .....
RELATIONSHIP TO THE APPLICANT ..... ID NO/PP NO .....
ADDRESS OF THE BENEFICIARY ..... TELEPHONE .....
PERCENTAGE ASSIGNED ..... ALTERNATIVE CONTACT .....
WITNESS NAME ..... MEMBER NO ..... SIGNATURE .....

BENEFICIARY (FULL NAMES) .....
RELATIONSHIP TO THE APPLICANT ..... ID NO/PP NO .....
ADDRESS OF THE BENEFICIARY ..... TELEPHONE .....
PERCENTAGE ASSIGNED ..... ALTERNATIVE CONTACT .....
WITNESS NAME ..... MEMBER NO ..... SIGNATURE .....

BENEFICIARY (FULL NAMES) .....
RELATIONSHIP TO THE APPLICANT ..... ID NO/PP NO .....
ADDRESS OF THE BENEFICIARY ..... TELEPHONE .....
PERCENTAGE ASSIGNED ..... ALTERNATIVE CONTACT .....
WITNESS NAME ..... MEMBER NO ..... SIGNATURE .....

Signature of the Kinga Sacco Member

.....Date.....