



BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya

Tel: 2861376/7/8, Fax: 340192/250783

NEXT OF KIN NOMINEE FORM

1. APPLICATION FOR NOMINATION OF NEXT OF KIN

The Hon. Secretary,

FULL NAME: MR/MRS/MISS.....

DATE OF BIRTH.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER.....

HOME ADDRESS.....

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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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.

NOMINATED NEXT OF KIN

FULL NAME	RELATIONSHIP	ID	%
1).....
2).....
3).....
4).....
5).....

.....(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

FOR SOCIETY USE ONLY

UPDATED ON.....

OFFICIAL SIGNATURE.....

DATE.....