Fulfilling Dreams

NATION SACCO SOCIETY LTD
NOMINATION OF BENEFICIARIES FORM

Name in full..... ***(in BLOCK LETTERS)***

Date of Birth……..ID No……..…KRA PIN……...

Present address…….. Telephone No……

Personal Email Address……..……..……

Membership number ……..……Payslip No *(where applicable)* ……..……

Declaration

I ……Member number.....of Nation Sacco Society Ltd hereby request the Society to pay any benefits in my name which shall become due pursuant to By-laws 21 to:

FULL NAME OF NOMINEE	ID/PASSPORT NO	RELATIONSHIP	DATE OF BIRTH	%	PHONE NO.

as the person(s) to receive the monies standing in the credit of my shares, deposits or any other interests in the Society at my death in the proportion(s) indicated against the name of each nominee, and if more than one, in the proportions specified.
I further request the Society to record this nomination. I understand that this nomination nullifies any previous nominations.

Date. …… Signature of member……..…….

For official use only:

Signature Verified by ……Date……Signature……...

Inputter ……..… Date ……. Signature ……..……....

Approved and Authorized by……..…… Date ……. Signature …….