SISI KWA SISI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

CONFIDENTIAL.
MEMBERS PERSONAL DATA.

NAME IN FULL…….

EMAIL ADDRESS……

BENEFICIARIES

In the events of my death, whilst a member of the society, hereby instruct the society to pay all amount due to me, less any Debts to the society to the persons named in this section. I understand that I may alter the Name of the nominee by filling in a subsequent Nominee form.

FULL NAME DOB TEL NO. ID/NO

1. **…..……**
2. **…..……**
3. **……..**
4. **……..**

C.

NEXT OF KIN

WHOM TO NOTIFY IN CASE OF EMERGENCY.

NAME……..……...

RESIDENTIAL ADDRESS……..……..

PLACE OF WORK……ADDRESS…..…….

TELEPHONENO……..…… ID NO……..

RELATIONSHIP……

DATE……..……SIGNATURE……..……

MANAGERS SIGNATURE……..……DATE……..…..……

ACCOUNTANT SIGNATURE…….…….DATE…….