



# KINGDOM SACCO SOCIETY LIMITED

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## AGENT NOMINATION FORM

### SECTION A: ACCOUNT HOLDER DETAILS

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender:  Male  Female

ID/Passport No: \_\_\_\_\_ Membership No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: NOMINATED AGENT DETAIL

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender:  Male  Female

ID/Passport No: \_\_\_\_\_ Membership No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Residence: \_\_\_\_\_ Street: \_\_\_\_\_

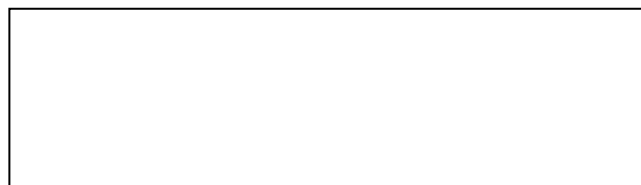
Current Engagement:  Employed  Self-Employed  Both

Employer/Business Name: \_\_\_\_\_ Tel: \_\_\_\_\_



Name: \_\_\_\_\_

Signature:



### SECTION C: NOMINATED AGENT MANDATES

Tick appropriately the mandates given to the agent:

Collect Statement of Account  Balance Enquiry  Receive Correspondence

Collect Dividends  Loan Processing (Attach Copy of Power of Attorney)

FOSA Withdrawal  Other (specify) \_\_\_\_\_

### SECTION D: FOR OFFICIAL USE ONLY:

Received By: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_