



KINGDOM SACCO SOCIETY LIMITED

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MEMBER CHANGE OF NEXT OF KIN

(Please complete the form in block letters)

1 Member Details:

2.1 Member Name _____ 2.2 National ID Number: _____

2.3 Member Number: _____

2 I _____ would like to change my next of kin as below with effect from this _____

day of _____ 20____

1 NAME: _____ ID: _____ ADDRESS/EMAIL: _____

MOBILE: _____ RELATIONSHIP: _____ PERCENTAGE AWARDED %: _____

2 NAME: _____ ID: _____ ADDRESS/EMAIL: _____

MOBILE: _____ RELATIONSHIP: _____ PERCENTAGE AWARDED %: _____

3 NAME: _____ ID: _____ ADDRESS/EMAIL: _____

MOBILE: _____ RELATIONSHIP: _____ PERCENTAGE AWARDED %: _____

4 NAME: _____ ID: _____ ADDRESS/EMAIL: _____

MOBILE: _____ RELATIONSHIP: _____ PERCENTAGE AWARDED %: _____

IF A MINOR, NAME OF GUARDIAN _____ ID: _____

MOBILE NUMBER: _____

Any other information provided earlier is null and void.

3 Member Signature & Date:

6.1 Member Signature: _____ 6.2 Date: _____

4 For Official Use Only:

Name of Officer: _____ Sign: _____ Date: _____

5 Approval for the change:

12.1 Remarks: _____

12.2 Name of Officer: _____ Sign: _____ Date: _____

6 Appreciation:

Kingdom Sacco wishes to thank you very much for giving us the opportunity to serve you. God bless you.