KINGDOM SACCO SOCIETY LTD

P.O. BOX 8017 - 00300 NAIROBI, KENYA Tel: +254 0205006060
Email: info@kingdomsacco.com • Website: www.kingdomsacco.com

BENEFICIARY NOMINATION FORM

(A) APPLICANT'S DETAILS

NAME _____ GENDER _____
I.D NUMBER _____ ADDRESS _____
DATE OF BIRTH _____ TELEPHONE _____

(B) BENEFICIARY'S DETAILS

1. NAME: _____ GENDER _____ RELATIONSHIP _____
   I.D NUMBER: _____ ADDRESS _____ TELEPHONE _____
   DATE OF BIRTH _____ PERCENTAGE AWARDED _____
   IF MINOR, GUARDIAN NAME _____ ID NUMBER _____ TELEPHONE _____
2. NAME: _____ GENDER _____ RELATIONSHIP _____
   I.D NUMBER: _____ ADDRESS _____ TELEPHONE _____
   DATE OF BIRTH _____ PERCENTAGE AWARDED _____
   IF MINOR, GUARDIAN NAME _____ ID NUMBER _____ TELEPHONE _____
3. NAME: _____ GENDER _____ RELATIONSHIP _____
   I.D NUMBER: _____ ADDRESS _____ TELEPHONE _____
   DATE OF BIRTH _____ PERCENTAGE AWARDED _____
   IF MINOR, GUARDIAN NAME _____ ID NUMBER _____ TELEPHONE _____
4. NAME: _____ GENDER _____ RELATIONSHIP _____
   I.D NUMBER: _____ ADDRESS _____ TELEPHONE _____
   DATE OF BIRTH _____ PERCENTAGE AWARDED _____
   IF MINOR, GUARDIAN NAME _____ ID NUMBER _____ TELEPHONE _____

Member Declaration

I confirm that the person(s) listed in this form are my chosen beneficiaries, and I direct that my savings and benefits be paid to them as indicated in the unfortunate event of my death. I understand that I may change these details at any time by submitting a new signed Beneficiary Nomination Form.

Member Signature: _____ Date: _____ / _____ / _____

For Official Use

	Officer Name	Signature	Date
Received by:			
Approved by:			