



P.O. Box 2392 – 00606, WESTLANDS
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CHANGE OF NOMINATED NEXT OF KIN

I, the undersigned, hereby instruct you that in the event of my incapacitation or demise while a member of the society, all my dues should be paid to the person(s) named herein as my nominated next of kin(s).

I further understand that the name of the nominee(s) can be given in a sealed letter, that I have more than one nominee with applicable rates of percentages of the savings and that this instruction supersedes any that was given earlier.

DETAIL OF THE MEMBER

FULL NAME _____ EMPLOYER _____
 ID NO. _____ DEPARTMENT _____
 MOBILE NUMBER _____
 MEMBER/STAFF NO _____ SIGNATURE _____ DATE _____
 NAME OF WITNESS _____ MEMBER NO/STAFF NO _____
 SIGNATURE _____ DATE _____

NOMINATED NEXT OF KIN

1. FULL NAMES _____ DATE OF BIRTH _____
 RELATIONSHIP _____ ID NO _____
 MOBILE NUMBER _____
 PERMANENT ADDRESS _____
 PERCENTAGE _____
2. FULL NAMES _____ DATE OF BIRTH _____
 RELATIONSHIP _____ ID NO _____
 MOBILE NUMBER _____
 PERMANENT ADDRESS _____
 PERCENTAGE _____
3. FULL NAMES _____ DATE OF BIRTH _____
 RELATIONSHIP _____ ID NO _____
 MOBILE NUMBER _____
 PERMANENT ADDRESS _____
 PERCENTAGE _____
4. FULL NAMES _____ DATE OF BIRTH _____
 RELATIONSHIP _____ ID NO _____
 MOBILE NUMBER _____
 PERMANENT ADDRESS _____
 PERCENTAGE _____

FOR OFFICIAL USE ONLY

INSTRUCTIONS CONFIRMED IN ORDER/ NOT IN ORDER

SIGNATURE :

ACTIONED BY:

DESIGNATION: