

CHANGE OF NOMINATED NEXT OF KIN FORM

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

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.

A: DETAILS OF THE MEMBER...

Full Name: Employer:

ID No Passport No

Mobile No: Work Telephone:

Department: Staff No:

Member Signature: Date:

Name of Witness: Member/Staff No.

Witness Signature: Date:

B: NOMINATED NEXT OF KIN...

1 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

2 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

3 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

4 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

5 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

6 Full Name: Date of Birth:

ID No Passport No Relationship:

Mobile No: Permanent Address:

Percentage:

FOR OFFICIAL USE ONLY...

Instructions Confirmed: In Order NotIn Order

Actioned By:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Signature	Designation