JACHIN NWDT SACCO SOCIETY LTD

HADADA GARDENS

Kindaruma Road – Off Ngong Road

P. O. BOX 12502-00400, Nairobi Kenya

Email Address: jachinsacco@gmail.com / info@jachinsacco.co.ke

Website: www.jachinsacco.co.ke TEL: 0710 995 995

NOMINEE FORM M. NO:

I, ..., ID/Passport No. ....., a member of **Jachin Sacco Society Ltd**, Membership No. ....., employed by ....., hereby nominate the person(s) named below as my beneficiary(ies). In the event of my death, I authorize the Society to pay all amounts due to me, less any liabilities owed to the Society, to the nominee(s) named below. This nomination shall remain in force until revoked or amended in writing

.NOMINEE / BENEFICIARY DETAILS

Full Names	ID Number	Email Address	Relationship	Telephone No.	Allocation (%)

Note: Total allocation percentage must equal 100%.

GUARDIAN DETAILS *(Incase Nominee is a minor)*

Name of Next of Kin: _____

Relationship to Applicant: _____ID No.: _____

Address: _____Mobile No.: _____

Members Name: _____Signature: _____ Date: _____

Witnessed By: _____Signature: _____Date: _____

FOR OFFICIAL USE ONLY

Received By: _____Signature _____Date _____

Updated By: _____Signature _____Date _____