



UKOMBOZI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

HEAD OFFICE P.O. Box 2758-20100NAKURU 0719312307 or 0737035736
Email: info@ukombozisacco.com/website: www.ukombozisacco.com

NEXT OF KIN FORM

APPLICANT NAME: ID NO:

M/NO: DATE:

APPLICANT'S DECLARATION

I, the undersigned, in the event of my death whilst a member of the society, I hereby instruct the society to pay all amounts due to less any debts to the society, to the named beneficiary in this section, the name of nominee can be given in a sealed letter, I understand that I may alter the name of the nominated beneficiary by filling in a subsequent nominated beneficiary form.

NAMES OF NEXT OF KIN	PROPORTION %	RELATIONSHIP TO MEMBER	ID or Birth Cert No.	MOBILE No.
1				
2				
3				
4				
5				

(ATTACH COPY OF ID/BIRTH CERTIFICATE/PASSPORT)

SIGNATURE OF THE APPLICANT: DATE: _____

WITNESS NAME: DATE: _____