



MIKEBE SACCO

Committed to serve

M/S MIKEBE REGULATED NON-WDT-SACCO SOCIETY LIMITED NOMINATION OF BENEFICIARIES FORM

MSNBF 018
Issue 0
23.02.2022

FULL NAME: Surname, Other Names: EMAIL:

DATE OF BIRTH(DD/MM/YYYY):...../...../..... MEMBER NUMBER..... PHONE NUMBER 1.....

ID. NO..... KRA PIN..... PHONE NUMBER 2.....

I hereby request the Sacco to pay any benefits in my name which shall become due less any indebtedness owed to the Society in the proportion (s) indicated against the name of each beneficiary.

BENEFICIARIES:(INCLUDE GUARDIAN IN THE EVENT THAT CHILDREN ARE UNDER 18

Surname	Other Names	ID. NO.	Mobile Number	Address	Gender (M/F)	Date of Birth DD/MM/YY	Share of Benefit %	Relationship

GUARDIAN DETAILS :(IN THE EVENT THAT CHILDREN ARE UNDER AGE 18)

Surname	Other Names	ID. NO.	Mobile Number	Address	Gender (M/F)	Relationship

I understand , recognise that my circumstances and those of the persons shown above as beneficiaries may change . I undertake to advise the Society when any change should be made regarding my nominated beneficiaries . I should understand that this form amounts to an expression of my wishes.

Signature of Member.....

Signature of witness.....

Date.....

Name of Witness.....

Membership Number.....

FOR OFFICE USE ONLY:

Date Received by the Board(DD/MM/YY):.....



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