



KENPIPE DT SAVINGS AND CREDIT SOCIETY LTD

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NEXT OF KIN NOMINATION FORM

1. MEMBER'S PARTICULARS

Name: _____ ID. No: _____ M/No: _____

Mobile No.: _____ Address _____

Employer: _____ Department _____

2. NOMINEE/BENEFICIARIES INFORMATION

	Name	Date of Birth	ID Number	Relationship	Mobile No.	%
1						
2						
3						
4						
5						
6						
7						

NB: Where the nominee(s) is/are minor(s) indicate a guardian

Member's Signature _____ Date _____

Witness Name: _____ Signature _____ Date: _____

FOR OFFICIAL USE ONLY

Received by (Name) _____ Sign _____ Date _____

Approved by (Name) _____ Sign _____ Date _____