

UKAGUZI HOUSING CO-OPERATIVE SOCIETY LIMITED

P.O. BOX 61055-00200, NAIROBI

NOMINATED BENEFICIARY

I, , *in the event of my death* whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person(s) named in this section. I understand that *I may alter* the name(s) of the Nominated Beneficiary/Beneficiaries by filling in a subsequent *Change of Nominated Beneficiary form*.

Nominated Beneficiary (Full Name)	ID. No	Address & Telephone Number	Relationship	% of share /interest
1.				
2.				
3.				
4.				
5.				

(If the space provided is insufficient, additional details can be given on a separate sheet)

Signature of Applicant Date

Witnessed by:

1. Witness Name Membership No.....

Signature Date.....

2. Witness Name Membership No.....

Signature Date.....

NB: Every member shall nominate in writing one or more persons as a beneficiary in the presence of two attesting witnesses who shall sign such nomination

FOR OFFICIAL USE ONLY

Date of Admission.....

Membership Register No.....Approved by.....

Managing Committee's meeting held on.....

Chairman's Signature.....

Secretary's Signature.....