

# 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.....