



MAGEREZA DT SACCO SOCIETY LTD.
"PAMOJA TWASTAWI"

Mageso Chambers, Moi Avenue P.o. Box 53131-00200, Nairobi Tel:0797671887 Email:magereza@magerezasacco.co.ke

NEXT OF KIN NOMINATION FORM

1. MEMBER'S PARTICULARS

Name: _____ Pf/No: _____ M/no: _____
ID/No. _____ Tel: _____ Date of Birth _____
District of Origin: _____ Employer: _____ Workstation _____

2. BENEFICIARIES INFORMATION

	Nominee (Next of Kin)	Date of Birth	ID No.	Relationship	Mobile No.	%
1						
2						
3						
4						

NB: Where the nominee(s) is/are minor(s) the guardian is: Name: _____
Relationship: _____ Age: _____

Signature of member _____

WITNESSED BY:

Name: _____ Pf/No: _____ M/no: _____

NB: THE SACCO WILL ONLY PAY THE NOMINATED NEXT OF KIN. INCASE OF DISPUTE, DUES WILL BE PAID TO THE GOVERNMENT PUBLIC TRUSTEE

3. FOR OFFICIAL USE ONLY

Details captured in the system by:

Name: _____ Designation: _____ Sign _____ Date _____

Authorized by the Hon. Secretary:

Name: _____ Sign _____ Date _____