



SAUTI COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
P.O. BOX 30042-00100 NAIROBI|TEL: +254202108693, +2542066511178
Email: sautisaccoltd@gmail.com, info@sautisacco.com |website: www.sautisacco.com|

NOMINATED NEXT OF KIN

I,.....ID/No.....

Mobile No.....Email address.....MNo..... the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amount due to me, less any debts to the Society to the person(s) named in this section. The name(s) of nominee can be given in a sealed letter. I understand that I may alter the name(s) of the nominated Next of Kin by filling in a subsequent Nominated Next of Kin form.

No.	Nominated Next of Kin	Relationship	DATE OF BIRTH	PHONE NUMBER	if minor indicate birth certificate No.	Percentage assigned %

Member Signature..... Date.....

Witnessed by:

	WITNESS 1	WITNESS 2
NAME		
MEMBER NO.		
ID NO.		
SIGNATURE		
DATE		

FOR OFFICIAL USE ONLY

ACTIONED BY..... SIGNATURE..... DATE.....

CHECKED BY..... SIGNATURE.....DATE.....