nafasi
MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED
...investing for generations...

NOMINATION OF BENEFICIARY FORM

MEMBER'S INFORMATION

FULL NAMES……

PHYSICAL ADDRESS……

POSTAL ADDRESS……..

TELEPHONE: HOME……..**WORK**……..**MOBILE**……

E-MAIL ADDRESS……

DATE OF BIRTH……

REGISTRATION NO……..

I, ……., a member of **NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED** do hereby designate the person(s) named below to receive all my dues from **NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED** in the event of my death. I understand that this will remain in force until changed or revoked by me in writing.

BENEFICIARIES INFORMATION

FULL NAME (S)	ADDRESS	RELATIONSHIP TO MEMBER	PERCENTAGE
			100%

In the event that any one of the above named beneficiaries dies, their share will be divided equally amongst the survivors. I undertake that no claim shall be made by my/our estate or personal representative in respect of any payment made to a beneficiary under this nomination

NEXT OF KIN
In the event that at the time of any payment you are unable to contact the beneficiary, you should make enquiries of the following person for the purposes of locating the beneficiary:

NAME……...ADDRESS……

.

DATE…… **SIGNATURE OF MEMBER**……..……

Accepted by NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED

DATE……SIGNATURE…….