



WE ARE ISO 9001:2015 CERTIFIED

CONFIDENTIAL APPOINTMENT OF NOMINEE

Mno: **ID No:** **TelNo:**..... **Email:**

Pursuant to the By-Laws of this Society,

I Mr/Mrs/Miss:..... do here by nominate

NAME:	RELATIONSHIP	PERCENTAGE ALLOCATION	I/D NO	TEL NO.

As persons to receive the monies standing to the credit of my depositand any savingsaccount in the Society at my death less any indebtedness owed by me to the Society.

NB: Indicate minor instead of I/D nowhere nominee is under 18 years. **Attach a copy of ID**

Signed:at (station): Date:

Day of 20.....

WITNESSED BY:

I..... Member No..... I/DNo.....
Address..... Signature..... Date

I..... Member No..... I/DNo.....
Address..... Signature..... Date

NB: NOTE: The nomination form may be signed in the presence of a commissioner of oaths or not.