

**BENEFICIARY NOMINATION FORM**

**(*FORM TO BE COMPLETED IN DUPLICATE BY THE MEMBER)***

1. **APPLICANT PERSONAL INFORMATION**
2. FULL NAME (AS PER NATIONAL ID) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(IN BLOCK LETTERS)**
3. MEMBERSHIP NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. ID/ PASSPORT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. POSTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. MOBILE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. PHYSICAL ADDRESS: TOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STREET \_\_\_\_\_\_\_\_\_\_\_\_ HOUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. POSITION IN DEVCO SOCIETY: MEMBER [ ] COMMITTEE MEMBER [ ] (SPECIFY POSITION IN COMMITTEE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **DECLARATION:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) Member Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of DEVCO Sacco Society Limited hereby request the Sacco to pay any benefits in my name which shall become due pursuant to By-laws (9.0)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & contacts (full name in BLOCK LETTERS)l** | **Proportion in percentage (%)** | **Relationship to Member** | **Guardian (s) Names &contacts (if beneficiary is under 18 years of age)** | **Guardian’s relationship to the beneficiary** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The person(s) is/are to receive the monies standing in the credit of my shares, deposits or any other interests in the Devco Sacco at my death in the proportion(s) indicated against the name of each nominee, and if more than one, in the proportions specified. I further request the DEVCO Sacco to record this nomination. I understand that this nomination nullifies any previous nominations.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NB: It’s the responsibility of the member to update their records by filling a new form and forwarding to DEVCO Sacco Office should one need to make any alterations to the details given above.***

**FOR OFFICIAL USE ONLY:**

Received and recorded by Devco Sacco Society on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and designation of DEVCO Sacco official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_