

KAFOVA BENEFICIARY FORM

The Secretary,

I hereby make an application for membership of KAFOVA SACCO and agree to conform to the society's By-laws, internal rules and regulations and amendment thereof:

FULL NAME

……

NATIONALITY ID NO

……..

DATE OF BIRTH

…….

NAME OF EMPLOYER AND ADDRESS

……

PERSONAL DETAILS

TELEPHONE NUMBER/EMAIL

……

PHYSICAL ADDRESS

……..

OFFICIAL DESIGNATION (official/member/trustee/beneficiary)

……..

SIGNATURE OF APPLICANT

……..

WERE YOU ONCE A MEMBER?

.....

If yes, State your previous No……

BENEFICIARY OF:

DECEASED FULL NAME

……

DECEASED NATIONAL ID NO

……

SHARES OF DECEASED

……

SAVINGS OF DECEASED

……

NOMINATED NEXT OF KIN

I, the undersigned in the event of the death whilst a member of the society, I hereby instruct the society to pay all the amount to me, to the person named in this section unless any debts to the society. I understand that I may alter the name of nominated Next of kin by filing a subsequent Nominated Next of Kin Form (the name of the nominee can be in a sealed envelope)

Nominated next of kin (Full Names)

……..

ID NO

…….

Relationship to the applicant

……

Address of next of kin

Tel No

……..

Signature of the applicant

Witness

……..

(Name) (Membership No) (signature)

FOR THE SOCIETY USE ONLY

Date of admission to membership……

Approved by management committee meeting of……

Official's name and designation(title/rank) ……

Signature……Date……