MAGADI SACCO SOCIETY LTD

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APPOINTMENT OF BENEFICIARY
Nominee/Nominees Form

Member's Full Name: _____

ID No.:_____ Membership No: _____

DECLARATION FOR PAYMENT

I, the undersigned, in the event of my death, whilst a member of the Society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the persons named in this section.
(*The names of nominees can be given in a sealed letter).*

P	Nominees Full Names	Relationship	D.O.B.	ID Number	Phone Number	Percentage %
1						
2						
3						
4						
5						

Member's Signature……Date……

Witness Name …….Signature…….

Society Official Stamp