



KENTOURS SACCO SOCIETY LTD.

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NOMINEE CARD

(By-Law 14)

EMPLOYER : PAYROLL No. Membership No.

Pursuant to the By-Laws of this Society,

I, Mr./Mrs./Miss of ID/No.
in the event of my death while a member of the Society, hereby instruct the Society to pay all amounts due to me, less my debt to the society, to the person(s) named below irrespective of any will made by me. I understand that I may change details of the nominee(s) only by special written instructions to the Society.

Signature Date

1. Name ID/No.
Relationship Percentage
Address of Next of Kin
Tel No. E-mail:
2. Name ID/No.
Relationship Percentage
Address of Next of Kin
Tel No. E-mail:
3. Name ID/No.
Relationship Percentage
Address of Next of Kin
Tel No. E-mail:

I also understand that for any of my nominated beneficiaries (ABOVE) under the age of 18 at the time of my death, any benefits payable will be paid to my **Appointee/Guardian** named below:

Name (Appointee / Guardian):	Relationship:	P.O. Box:	Code:	Town:
Email:		Mobile Phone:	Alternative Phone No.	
ID/PP No:	(Attach a copy)	KRA PIN:	(Attach a copy)	
Signed this day of in the year			Signature of Member	

WITNESSES

1st Witness Name ID/No.
Signature Mobile phone No. Date

2nd Witness Name ID/No.
Signature Mobile phone No. Date