KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

1st Floor Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi.
P.O. Box 79333 - 00200 Nairobi. Telephone: 0709 309 000, Cell: 0722 968 596, 0733 667 596.
Website : www.kentours.co.ke. E-mail : info@kentours.co.ke.

NOMINEE CARD

EMPLOYER :…….…… PAYROLL NO :……..…MEMBERSHIP NO :…..……

Pursuant to By-Law 9 of this Society, I……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.

1. Name…….. ID/No……
   Relationship…… Percentage……
   Postal Address…… Physical Address ……
   Tel No……. E-mail: ……
2. Name…….. ID/No……
   Relationship…… Percentage……
   Postal Address…… Physical Address ……
   Tel No……. E-mail: ……
3. Name…….. ID/No……
   Relationship…… Percentage……
   Postal Address…… Physical Address ……
   Tel No……. E-mail: ……

I 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:	Tel. No:		Alternative Tel. No:	
ID/PP No: (Attach a copy)	KRA PIN (Attach a copy)			

I also understand that I may change details of the nominee(s) only by special written instructions to the Society.

SIGNED BY MEMBER/APPLICANT

Signature ..... Date……

WITNESSES

1st Witness Name…….. ID/No ……..

Signature……Mobile phone No. …….. Date……

2nd Witness Name…… ID/No ……..

Signature……Mobile phone No. …….. Date……