

KENYA RE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

15th Floor, Reinsurance Plaza
P. O. Box 30271-00100 Nairobi GPO
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Email: kenyaresacco@kenyare.co.ke

Attach
Coloured
Passport
Photo
here

MEMBER'S NOMINATED BENEFICIARY

Full name of member: _____ Member No. _____

P. O. Box _____ Post Code _____ Town _____

Telephone Number _____, _____, _____

nominate the following persons as beneficiaries, to be the persons to whom on my death or demise, my shares, deposits, savings or any other interests less any sums due to the Society shall be transferred : -

NAME OF NOMINATED BENEFICIARY		RELATIONSHIP	PERCENTAGE
1			
2			
3			
4			
5			
SHOULD ADD UP TO 100% ONLY			

CONTACT DETAILS FOR THE BENEFICIARIES:

P. O. Box _____ Post Code _____ Town _____

Telephone Number _____, _____, _____

Signature of Member: _____ Date: _____ ID/PP No. _____

NB: - This form should be filled again if you wish to change your nominee