

CONFIDENTIAL

MAGEREZA Saving & Credit Co-operative Society Ltd. Mageso Chambers, P.O. Box 53131-00200, Tel: 0716 315 155, Nairobi.

| MEMBER'S NEXT OF KIN NOMINATION FORM | | | |
|--------------------------------------|-------------------------|-----------------------|---------------------------|
| Name | P/f No | | el: |
| Date of Birth | | | |
| I nominate my ID | No(Relation | onship) Mr./Mrs./Miss | |
| | | o) Mr./Mrs/Miss | |
| | | o) Mr./Mrs/Miss | |
| of P.O. Box | | | |
| years old respectively. | | | |
| NB: If nominee(s) is / are minor (s) | the guardian is (Name). | | |
| Relationship | | | |
| Signature of member | Witnesse | | |
| | 1 | | (Name) |
| I/D No | | | |
| Date | | | |
| | | | |
| | 2. (Incase of change of | f nominee/alteration) | |
| | | | (Name) |
| | P.F.No | | ************************* |
| | | | .5 |
| | | | |
| NB: Incase of any dispute member | | | |
| Received and filled in member's | | | |
| | | | |

HON. SECRETARY M.S. & C.C.S. LTD.