

CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

TEL: 0202321055/8043504/318262 Ext.28332

EMAIL: chunasacco@uonbi.ac.ke
chunasacco@yahoo.com

DATE:.....

NOMINATION OF NEXT OF KIN

NAME:..... DATE OF BIRTH.....
PAYROLL NO..... I.D NO.....
CHUNA NO..... DEPARTMENT.....
STATION.....

TERMS OF SERVICE: PERMANENT/ TEMPORARY/CONTRACT

I, the undersigned, in the event of my death whilst a member of Chuna SACCO Society hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person named in this section. I understand that I may alter the name of the nominated next of kin by filling in a subsequent nomination of next of kin form.

NOMINATED NEXT OF KIN (FULL NAME).....
.....

RELATION.....

ADDRESS OF KIN.....

FORMER NEXT OF KIN (Incase of change of next of kin)
.....

SIGNATURE OF APPLICANT..... DATE