

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).....

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RELATION.....

ADDRESS OF KIN.....

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

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SIGNATURE OF APPLICANT..... DATE