



P. O. Box 22951-00400, NAIROBI. Tel: 2714346/54/55. JUMUIA PLACE, LENANA ROAD

BENEFICIARY / NOMINEE FORM

NAME.....Member NO.....

BENEFICIARY DETAILS

I, the undersigned, in the event of my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me, to the person(s) named in this section. The names(s) of the beneficiary(s) can be given in a sealed letter. I understand that I may alter the name of the beneficiary by filling in a subsequent form.

BENEFICIARY (FULL NAMES).....

RELATIONSHIP TO THE APPLICANTID/PP NO.....

ADDRESS OF THE BENEFICIARYTELEPHONE

PERCENTAGE ASSIGNEDALTERNATIVE CONTACT

WITNESS NAMESIGNATURE

BENEFICIARY (FULL NAMES).....

RELATIONSHIP TO THE APPLICANTID/PP NO.....

ADDRESS OF THE BENEFICIARYTELEPHONE

PERCENTAGE ASSIGNEDALTERNATIVE CONTACT

WITNESS NAMESIGNATURE

Signature of the KHC Member..... Date