

# DHAMINI SACCO SOCIETY

## DHAMINI MEMBERS NEXT OF KIN & NOMINEE / BENEFICIARY FORM

*(Please fill all details in capital letters)*

MEMBER NAME : \_\_\_\_\_  
*(Surname)* *(Other Names)*

MEMBER NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE JOINED SACCO: \_\_\_\_\_

Tel. No. (Cell): \_\_\_\_\_ Tel. No. (Home) : \_\_\_\_\_ Email Address: \_\_\_\_\_

### PARTICULARS OF NEXT-OF-KIN

Full Name .....Relationship to member .....

Address .....

Telephone number (s).....

I, *(full names)* \_\_\_\_\_ hereby wish to nominate the under mentioned person(s) to receive the benefits payable to me by the society on my death in the proportions indicated. This form supersedes any previous nomination made by me.

Full name of Nominee(s)	Date of birth	Relationship	I.D. No. (beneficiary/guardian)	% Benefit	Full name of guardian (where applicable)
1					
2					
3					
4					
5					
6					

**TOTAL PERCENTAGE PROVIDED FOR ALL NOMINEES MUST ADD UP TO 100%**

MEMBER SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**WE URGE YOU REGULARLY UPDATE YOUR BENEFICIARY(S) AS AND WHEN YOUR NOMINEES CHANGE.**

Copies of the children's Birth Certificates must be attached.