

UKULIMA SACCO SOCIETY

P.O.BOX 44071, NAIROBI

TEL: 227710/13, 2785000

CELL NO: 0720179991, 0735-886565

CONFIDENTIAL

NEXT OF KIN FORM

A. MEMBER'S PERSONAL PARTICULARS

Name ID/No.....P/No.....
Address.....
Branch Membership No.....
Date of birth..... Employer.....
Date employed..... Designation.....
Terms of service..... Workstation.....
Home Address..... Province..... District.....
Office Tel:..... Cell Phone.....

B. CONTACT PERSON

Full Names.....
ID/No..... Relationship.....
Address.....
Office Tel..... Mobile No.....

C. BENEFICIARY(S)/ (NEXT OF KIN)

No.	Name	ID No.	Address	Relationship	Distribution Ratio %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Signature of Member.....Date.....

D. WITNESSED BY: BRANCH CHAIRMAN/SECRETARY/TREASURER (Any one of them)

Name.....P/No.....Signed.....
Branch.....Position.....Date:.....

FOR OFFICIAL USE ONLY.

Form received on.....Recorded on.....Computerized on.....

**Where ratio is not given, the amount payable will be distributed equally amongst those named*