

KEMRI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

NOMINATION FORM

RE: KEMRI CS/3193/ADM.CIR/01/018

TO _____

KEMRI CENTRE/ADDRESS _____

TOWN/CITY _____

RE: **NOMINATION OF BENEFICIARIES IN THE EVENT OF DEATH OF A MEMBER OF THE SACCO**

Please turn over and complete the nomination of beneficiaries form according to how you would wish your shares/dividends and other SACCO dues, if any, to be shared out among your dependants, in the event of death. Do not fail to indicate the percentage as per the legal requirement.

Completion of the form is a legal requirement in accordance with the revised Co-operative Societies Act Cap 490. Consequently, every member of the Sacco has to fill the form, failure to which he/she shall not be granted any loans or paid any dividend.

Kindly complete the form at the back of this notification letter and **attach copies of the beneficiaries' identity cards/Birth Certificates.**

Members in Centres outside Nairobi should return their forms to their respective Sacco representatives for them to forward the same to the society's office.

HON. SECRETARY
KEMRI SACCO MANAGEMENT

NB: AMENDMENTS OR CHANGES ON THE FORM CAN BE MADE BY COMPLETING ANOTHER FORM, WHICH WILL CANCEL THE PREVIOUS ONE. A MEMBER CAN COMPLETE MORE THAN ONE FORM IF THE NEED ARISES.

**THE CO-OPERATIVE SOCIETIES ACT
NOMINATION FORM**

TO: THE CHAIRMAN

..... Co-operative Society Ltd.

P. O. BOX

.....

I I/D No.

of Post Office Box member
of Co-operative Society Ltd; being
member No. Hereby nominate the following nominee(s) to inherit my shares or
interest in the said Society in the following manner:-

Name of Nominee(s)	Relationship	% of share/interest
1.		
2.		
3.		
4.		

Witnessed By:-

1. I/D NO.
Address Signature
2. I/D NO.
Address Signature
3. I/D NO.
Address..... I/D NO.