

**CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD****Head Office: Chai House, Ground Floor, Koinange Street.****P.O. Box 278 - 00200 City Square Nairobi Kenya****Mobile: 0709808000 / 0709808100 / 0709808101****Email: info@chai-sacco.co.ke, Website: www.chai-sacco.co.ke****NOMINEE/NEXT OF KIN UPDATE FORM**

BRANCH	
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DETAILS OF THE APPLICANT (Member)

<i>First name:</i>	<i>Middle name:</i>	<i>Last name:</i>	<i>ID/ Passport No:</i>
<i>Postal Address:</i>	<i>Code:</i>	<i>Town:</i>	<i>Mobile No:</i>
<i>Name of Employer</i>	<i>Station</i>	<i>Payroll No.</i>	<i>Member No:</i>

NEXT OF KIN DETAILS

<i>Name:</i>	
<i>ID No</i>	
<i>Relationship</i>	
<i>Phone No:</i>	

NOMINEE(S) DETAILS:

<i>1. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____
<i>2. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____
<i>3. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____
<i>4. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____
<i>5. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____
<i>6. Nominee's Name:</i> _____ <i>ID No.:</i> _____ <i>Relationship:</i> _____ <i>Phone No.:</i> _____ <i>P.O. Box:</i> _____ % _____

Signature _____ **Date** _____**NOTE:**

- If you choose more than one nominee, you need to apportion the percentage of shares/deposits against each of the nominees, e.g. 20%, 30%, etc

- You may change your nominee(s) from time to time and the necessary alteration shall be made in your record.
- If you nominate a MINOR, the Cooperative Law provides that; the money may be given to the person who appears to be your personal representative or be forwarded to the public trustee.

OFFICIAL USE ONLY

Verified by (CCE): _____ **Sign** _____
Date _____

Changed BY (CCR): _____ **Sign** _____
Date _____

Approved by(BM/OP): _____ **Sign** _____
Date and Stamp _____

