

The Hon. Secretary
P.O.Box 28303 - 00200
N A I R O B I

DATE-----

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person/persons named in this section. The name/names of nominees can be given in a sealed letter. I understand that I may alter the name/names of Nominated Next of kin/kin by filling in a subsequent Nominated Next of Kin Form.

APPLICANTS DETAILS:

FULL NAME: MR, MRS, MISS, MS -----

JOINING DATE-----DATE OF BIRTH-----

MEMBER NUMBER -----ID NO-----

NOMINATED NEXT OF KIN (FULL NAME) -----

RELATIONSHIP TO APPLICANT -----ID. NO.-----

ADDRESS OF NEXT OF KIN -----

MOBILE NUMBER: ----- PERCENTAGE ENTITLEMENT-----

NOMINATED NEXT OF KIN (FULL NAME) -----

RELATIONSHIP TO APPLICANT -----ID. NO.-----

ADDRESS OF NEXT OF KIN -----

MOBILE NUMBER: ----- PERCENTAGE ENTITLEMENT-----

NOMINATED NEXT OF KIN (FULL NAME) -----

RELATIONSHIP TO APPLICANT -----ID. NO.-----

ADDRESS OF NEXT OF KIN -----

MOBILE NUMBER: ----- PERCENTAGE ENTITLEMENT-----

APPLICANT----- WITNESS-----

SIGNATURE

NAME & SIGNATURE

- Note: The nominated next of kin may be one or several. Each time a member fills another form of nomination it overrides the previous one .If your nominees are more than provided for, list the rest overleaf & sign.

A completed form should be forwarded to the office of **Society's Honorary Secretary**

ASSOCIATION OFFICIAL----- SIGNATURE-----