



WASHA SACCO LTD.
P. O. Box 83256 - 80100
Mombasa - Kenya

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NOMINEE/NEXT OF KIN UPDATED FORM

Branch:		Date:	
Details of the Applicant. (Member)			
First Name:	Middle Name	Sir Name	Id/Passport No:
Postal Address.....	Code:.....	Town:.....	Mobile No:.....
E-Mail.....			
Name of the Employer/self employed	Location.....	Payroll.....	Mno.....

NOMINATED NEXT OF KIN:

Full Name..... Age

ID card No..... Gender

Relationship with the applicant

Address..... Telephone No E-mail.....

DETAILS OF THE BENEFICIARY (S)/NOMINEE

Name	Gender	Age	Relationship	ID. NO/TEL	DISTIRBUTION (%)

I the undersigned in the event of my demise/incapacity, hereby instruct the society to pay all the amounts due to me, less any debts to the society, to the person named in this section. I understand I may alter the name of the nominated next of kin by filling in a subsequent.

Nominated next of kin Form

Further instructions to Next of Kin/Society (incase next of kin is a minor)

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Applicant's Signature.....Date.....

FOR OFFICIAL USE			
Received by.....	Designation.....	Sign.....	Date.....
Approved by.....	Destination.....	Sign.....	Date.....