

REGISTERED OFFICE
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Kenya Medical Association

SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED KMA SACCO

CONFIDENTIAL NOMINEE FORM

A. MEMBER'S PERSONAL INFORMATION

1. Name: _____
2. SACCO Membership No.: _____

B. NOMINEE (S) DETAILS

First Nominee

1. Name: _____
2. D.O.B: _____ National ID/Passport No: _____
3. Relationship: _____ Benefits (%): _____
4. Mobile No: _____ Email: _____
5. Permanent address: _____

Second Nominee

1. Name: _____
2. D.O.B: _____ National ID/Passport No: _____
3. Relationship: _____ Benefits (%): _____
4. Mobile No: _____ Email: _____
5. Permanent address: _____

Third Nominee

1. Name: _____
2. D.O.B: _____ National ID/Passport No: _____
3. Relationship: _____ Benefits (%): _____
4. Mobile No: _____ Email: _____
5. Permanent address: _____

I hereby certify that the above given information is true.

Member's signature: _____ Date: _____

1st Witness _____ Date: _____

2nd witness _____ Date: _____