

REGISTERED OFFICE
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KENYA MEDICAL ASSOCIATION REGULATED NON WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

CONFIDENTIAL NOMINEE FORM

A. MEMBER'S PERSONAL INFORMATION

1. Name:
2. SACCO Membership No

B. NOMINEE(S) DETAILS

First Nominee

1. Nominee's Name:
2. Date of Birth: National ID/Passport No
3. Relationship: Benefits(%).....
4. Telephone Number: Email Address.....
5. Permanent Address:

Second Nominee

1. Nominee's Name:
2. Date of Birth: National ID/Passport No
3. Relationship: Benefits(%).....
4. Telephone Number: Email Address.....
5. Permanent Address:

Third Nominee

1. Nominee's Name:
2. Date of Birth: National ID/Passport No
3. Relationship: Benefits(%).....
4. Telephone Number: Email Address.....
5. Permanent Address:

I hereby certify that the above given information is true.

Member's Signature: **Date:**.....

1st Witness: Date:.....

2nd Witness: Date:.....