



KENYA NORTH AMERICA DIASPORA SACCO LTD

NOMINEE CARD	
(BY-LAW 19)	
EMPLOYER	MEMBERSHIP NUMBER
Pursuant to the By-Laws of this Society,	
I, Ms/Mrs/Miss/Dr	ID Number
In the event of my death while a member of the Society, hereby instruct the Society to pay all amounts due to me, less my debt to the society, to the person / persons named below irrespective of any will made by me. I understand that I may alter the name of the nominee (s) only by special written instructions to the society.	
Signature:	Date:
1. Name:	ID No:
Relationship	Percentage
Address of next of Kin	
Tel No:	
2. Name:	ID No:
Relationship	Percentage
Address of next of Kin	
Tel No:	
3. Name:	ID No:
Relationship	Percentage
Address of next of Kin	
Tel No:	
WITNESSES	
1st Witness name:	ID No:
Signature	Date
2nd Witness name:	ID No:
Signature	Date

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