

**NOMINATION OF BENEFICIARY FORM**

**COMPLETE THIS FORM IN BLOCK LETTERS**

APPLICANT NAME: \_\_\_\_\_

ID/CARD NO. \_\_\_\_\_ M/NO. \_\_\_\_\_

TSC /P/NO. \_\_\_\_\_ DATE. \_\_\_\_\_

**APPLICANT'S DECLARATION**

**I, the undersigned, in the event of my death whilst a member of society, I hereby instruct the society to pay all amounts due to less any debts to the society, to the named beneficiary in this section, the name of nominee can be given in a sealed letter, I understand that I may alter the name of the nominated beneficiary by filling in a subsequent nominated beneficiary form.**

<u>NAME, ADDRESS&amp; CELL NO OF BENEFICIARY</u>	<u>PROPOTION %</u>	<u>RELATIONSHIP TO MEMBER &amp; ID NUMBER</u>
i .....	.....	.....
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ii .....	.....	.....
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iii .....	.....	.....
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iv .....	.....	.....
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v .....	.....	.....
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**SIGNATURE OF THE APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

1. WITNESS NAME:- \_\_\_\_\_ **DATE** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

2. WITNESS NAME: \_\_\_\_\_ **DATE** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_