

MWITO DEPOSIT TAKING SACCO LIMITED

P.O. BOX 56763 - 00200 NAIROBI, TEL 020-3505209, 0713-786028, EMAIL info@mwitosacco.coop



SINK FUND NOMINEE FORM

A MEMBER'S PARTICULARS

Name in full (As per ID Card)
.....
Payroll No Cell Phone
Email ID/No

B NOMINEE & ADDRESS - FUNERAL EXPENSES

1. Name Spouse (Husband/Wife)
Date of birth ID/No..... Cell Phone

Other nominees (Nominee preferably immediate family member)

1. Name Relationship
Date of birth ID/No..... Cell Phone
2. Name Relationship
Date of birth ID/No..... Cell Phone
3. Name Relationship
Date of birth ID/No..... Cell Phone
4. Name Relationship
Date of birth ID/No..... Cell Phone

NB - The fund will cater for 2 nominees per year

C ALTERNATE NOMINEE AND ADDRESS (In case the above are minors/Are not alive)

Name I/D
Relationship Cell Phone Email.....
Postal Address.....

I hereby authorize you to recognize the above named person(s) for the purpose of my funeral expenses benefits due from the Society until further notice.

Name Signature Date

FOR OFFICIAL USE

AUTHORIZED BY

SIGNATURE DATE