

KENTOURS HOUSING CO-OPERATIVE SOCIETY LTD

P.O. Box 79333 – 00200, Nairobi Cell 020 – 2333169

Website: www.kentourshousing.com Email: housing@kentours.co.ke

NOMINEE CARD

EMPLOYER.....

MEMBERSHIP No.....

Pursuant to the By-Laws of this Society,

I, Mr./Mrs./Miss.....of ID/No.....

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 persons/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.....

WITNESS

1. Witness name.....

ID/No.....

Signature.....

Date.....

Postal Address:

Telephone.

2. Witness name.....

ID/No.....

Signature.....

Date.....

Postal Address:

Telephone.

THIS CARD SHALL NOT BE VALID UNLESS SEALED BY THE SOCIETY.