

# Balozi Co-operative Savings and Credit Society Ltd

Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road

P.O. Box 11539 – 00400, Nairobi, Kenya.

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Invest in secure hands

## NEXT OF KIN APPLICATION FORM

### COMPLETE THIS FORM IN CAPITAL LETTERS

#### AS PER BY LAW 13

I \_\_\_\_\_ of ID/Passport No. \_\_\_\_\_

Membership No. \_\_\_\_\_ P.O. Box \_\_\_\_\_

The undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts (defaulted loan) to the Society, to the person named in the section below.

I understand that I may alter the name(s) of the nominated next of kin(s) by filling another next of kin form.

	NAMES OF NOMINATED NEXT OF KIN(S)	RELATIONSHIP	IDENTITY NUMBER	MOBILE NUMBER	RATIO
1.					
2.					
3.					
4.					
5.					
6.					
7.					

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### WITNESSES

1. NAME: \_\_\_\_\_ MNO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ MNO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note:** This form should be delivered in a sealed envelope. Membership number and name of the applicant should be written on the envelope.