



## Nomination of Beneficiary Form

Invest in Secure Hands

**Note: This is a fillable form. Submit duly completed and signed form to [info@balozisacco.com](mailto:info@balozisacco.com) or drop it at our office**

**As Per By Law 16**

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 Beneficiaries	Relationship	ID Number/ Birth Cert No	Mobile Number	Ratio Total: 100 %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Witnesses

1. Name: \_\_\_\_\_ Mno: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Mno: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_