Invest in Secure Hands

Nomination of Beneficiary Form

Note: This is a fillable form. Submit duly completed and signed form to 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: _____