



# UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED.

## NOMINEE CARD

M/No.						
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EMPLOYMENT No.					
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(PER BY-LAW 13)

Pursuant to the by-laws of this society, I

Mr./Mrs./Miss \_\_\_\_\_ hereby nominate

Name	ID No.	Address/Email	Relationship	Rate (%)	DOB	Mobile

*In case of a minor nominee above, kindly indicate a caretaker guardian.*

Name \_\_\_\_\_ ID Number \_\_\_\_\_

as the person(s) to receive the monies standing to the credit of my share and deposit accounts in the said society at my death, less any indebtedness owed by me to the society as percentage fractions indicated above.

Signed \_\_\_\_\_

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name of witness \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of witness \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairman's Signature \_\_\_\_\_ Date \_\_\_\_\_