



P.O Box 10263 - 00100 GPO
 NAIROBI
 TEL:020 8002371/2
 Cell: 0715 114454 / 0736 710906
 Email: info@kenversity sacco.co.ke
 Website: www.kenversity sacco.co.ke

RECORDS UP-DATING FORM

NAME:M.No..... P.F/No. Mobile No.....

DATE OF BIRTH:

DESIGNATION:

INSTITUTION/DEPARTMENT:/.....

1. I hereby wish to update my records in the file. I agree that the records I put herein today _____ (Date) supersedes the records given earlier on.

BENEFICIARY IN THE EVENT OF DEATH

NAME:

ID/No:

ADDRESS:

RELATIONSHIP:

(if more than one please continue below)

Beneficiaries list continued.....

NAME IN FULL	RELATIONSHIP	RATIO IN %

I certify that the information given hereabove is true to the best of my knowledge and is given in sober and sound mind without intimidation.

NAME: _____ **SIGN:** _____ **DATE:** _____





RISK MANAGEMENT FUND NOMINATION FORM.

SURNAME	OTHER NAMES	DESIGNATION/POSITION IN SOCIETY	M/NO	PF/NO

(A)
 (WORK STATION/ INSTITUTION) (CODE NO. OF STATION)

CONTACT ADDRESS.....

(B). DECLARATION.

I hereby declare that I have nominated the following person(s) under the risk Management Fund. This nomination cancels and super cedes any previous nomination(s) within the society on the same.

(D) NOMINATION

	NAME OF NOMINEE	ADDRESS	ID NO	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

NB: The scheme shall cover only two of the above.

.....
 Sign of the member

.....
 Date of Nomination

ATTESTING WITNESS:

(1) NAME	ID/NO.....
ADDRESS.....	DATE.....
SIGN.....	
(2) NAME.....	ID/NO.....
ADDRESS.....	DATE.....
SIGN.....	





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(A) RISK MANAGEMENT FUND NOMINATION FORM.

SURN AME	OTHER NAMES	DESIGNATION/POSITION IN SOCIETY	M/NO	PF/NO

(B)
 (WORK STATION/ INSTITUTION) (CODE NO. OF STATION)

CONTACT ADDRESS.....

(C) DECLARATION.

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9				
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NB: The scheme shall cover only two of the above.

.....
 Sign of the member

.....
 Date of Nomination

ATTESTING WITNESS:

(2) NAME ID/NO.....
 ADDRESS.....
 SIGN..... DATE.....

(2) NAME..... ID/NO.....
 ADDRESS.....
 SIGN..... DATE.....





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