



THE CO-OPERATIVE SOCIETIES ACT

FORM VII -NOMINATION FORM

To: The Chairman,
Adventist Savings and Credit Cooperative Society Limited,
P. O. Box 41352 -00100 Nairobi - GPO

I _____ I.D. No.....having
 applied to be a member of Adventist Sacco Society Ltd; hereby nominate the following
 nominee(s) to inherit my Shares, Deposits and or Interest in the said Society in the
 following manner:

Next of Kin / Beneficiary Nomination:

Name of nominee(s)	Date of Birth	National Identification Card No. (ID)	Relationship	% of Deposits / Interest	Contact Telephone
1.					
2.					
3.					
4.					
TOTALS				100%	

Nuclear Family Members for Insurance Purposes:

Name of nominee(s)	Date of Birth	National Identification Card No. (ID) / Passport	Relationship Spouse / Child	Contact Telephone
1.				
2.				
3.				
4.				
5.				
6.				

Given Under My hand on thisday of month..... year 20.....
 Applicant's signature _____

Witnessed by: (Two Active Members of the Adventist Sacco Society)

1. I/D No.....
 Member Number Signature.....
2. I/D No.....
 Member Number Signature.....