



Kanisa Housing Co-operative Society Ltd,
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KANISA HOUSING CO-OPERATIVE SOCIETY

NEXT OF KIN NOMINATION FORM FOR NON-MEMBERS

Name: _____ ID/PP No: _____

I, the undersigned, in the event of my death whilst engaged in a project of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person(s) named hereunder. The proceeds of any society project that I am engaged in will also accrue to the person(s) named hereunder. I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

NOMINATED NEXT OF KIN

1. Name: _____

Relationship: _____ ID/PP. No: _____ Proportion (%): _____

Address: _____ Email: _____

2. Name: _____

Relationship: _____ ID/PP. No: _____ Proportion (%): _____

Address: _____ Email: _____

3. Name: _____

Relationship: _____ ID/PP. No: _____ Proportion (%): _____

Address: _____ Email: _____

Signature: _____ Date: _____