

Oxford SACCO Limited

PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

Beneficiary Nomination Form

Particulars to be completed by the member

Members's full Name: _____

Address: _____

This is to certify that in the event of my death, the following should receive whatever benefits are due to me from Oxford SACCO Limited in the following percentages:

Beneficiary details						Guardian (if beneficiary is under 18 years of age)	
Name	ID	Address	Phone number	Relationship	% Share	Name	Relationship to the beneficiary

Declaration

I declare that all the information given on this form is true to my best of knowledge and confirm that this nomination supersedes any previous nominations.

Signed at _____ this _____ day of _____ 20_____

Name of member

Signature

Name of Witness

Signature

NB: It's the responsibility of the member to update their records on any changes in the details given above.