



WAKARIMU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

HDQ: GIPACK BUILDING NEXT TO G4S OFFICE, MOLO | TEL: +254 720 11 75 88

BRANCH OFFICE: LYDIA ARCADE, NAKURU | TEL: +254 724 57 00 14

Email: wakarimu.saccoltd13625@gmail.com | www.wakarimusacco.co.ke

NOMINEE DECLARATION FORM

I, _____ M/No.: _____ ID No.: _____
Of Box No.: _____

[Home Permanent Address]

In the event of my death or insanity whilst a member/employee of Wakarimu SACCO, hereby instruct the society to pay all amounts due to me less any debts to the Society to my Nominee(s).

Hereby nominate the following as my Nominee(s) in accordance with Rule 11 of the Cooperative Societies Rules 1998:

1.	_____	of	_____	Percentage:	_____
2.	_____	of	_____	Percentage:	_____
3.	_____	of	_____	Percentage:	_____
4.	_____	of	_____	Percentage:	_____
5.	_____	of	_____	Percentage:	_____

In the event of either Nominee being unable or unwilling to take up his/her dues when called upon, that Nominee's dues shall be distributed to the other Nominees in equal proportion.

This appointment is _____ this
made at: _____
Day of [Month]: _____ [Year] by the
_____ forenamed: _____

Signed: _____ Date: _____

Signature of Member/Employee

AND WITNESSED BY:

Witness 1

Name of Witness: _____ ID/No.: _____
Signature: _____ Date: _____

Witness 2

Name of Witness: _____ ID/No.: _____
Signature: _____ Date: _____



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NB: Only by filing a new Nominee Declaration Form may alterations be made. This instruction cancels and supersedes all earlier instructions.

This instruction cancels instructions dated: _____

NB: Where possible, affix corresponding passport photographs of the appointed Nominee(s) below.

Nominee 1 Passport Photo	Nominee 2 Passport Photo	Nominee 3 Passport Photo	Nominee 4 Passport Photo	Nominee 5 Passport Photo
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