



## NOMINEE FORM

I the undersigned, hereby instruct you that in the event of my incapacitation or demise while a member of the SACCO, all my due should be paid to the person (s) named herein as my nominated next of kin(s).

Member ID no \_\_\_\_\_ Member NO \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile No \_\_\_\_\_

Pursuant to the by-laws of Wynelink Society;

I Mr./Mrs./Miss \_\_\_\_\_ do here by nominate

Name	ID No	Relationship	Mobile No	Email address	Percentage

As persons to receive monies standing to the Credit of my share deposit account at my incapacitation or demise, less all the liabilities owed by me to the society.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witness**

Name \_\_\_\_\_ Member No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_