

NOMINEE DECLARATION FORM

FORM NO. MN-1c

A. MEMBER DETAILS:

Member's Full Name: _____
Present Address: _____ Code: _____ Town: _____
Membership No. _____ TSC/PF No. _____ ID No.: _____
Telephone No.: _____ Email: _____

B. NOMINEE(S)' DETAILS:

1. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%
2. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%
3. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%
4. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%
5. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%
6. Full Name: _____
Relationship: [_____] ID No.: [_____] Percentage: _____%

Special Instructions: _____

I hereby on execution of this form as an account holder explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of updating my nominees, processing of last benefits and analysis relating to benefits and nominees whether in electronic or other form

Member's Signature: [_____] Date: [_____]

C. ATTESTATION (WITNESSES): **Please note that this section is mandatory and must be signed by two witnesses below*

No.	Full Name	ID No.	Signature	Date
1.				
2.				

You hereby on execution of this form as the witness of nominee declaration explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of your personal data as described in this document by the Sacco for the purposes of updating of the nominees listed and analysis whether in electronic or other form

D. FOR OFFICIAL USE ONLY*

I (Name of Customer Care Officer) [_____] Sign: [_____] Date: [_____]

Verify that the applicant is the true owner of the account above (having asked the customer to produce his/her National ID and noted the ID number and Serial number in the space provided below):

ID No. [_____] Serial No. [_____]

I (Name of Records Officer) [_____] Sign: [_____] Date: [_____]

Verify that the applicant is the true owner of the above account, and the details match his / her membership file.

Signed: [_____]

RECORDS MANAGER.

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