

NOMINEE DECLARATION FORM

FORM NO. MN-1a

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: _____

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.				

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.