**BUNISTA NON- WDT SACCO SOCIETY LTD**
**P.O. BOX 194 - 40601 Bondo Tel: 0768 546 610**
**Email: information@bunista.co.ke / bunistasavingandcredit@yahoo.com**

# NOMINATION FORM

**Member Name:_____ M/NO: _____ P/F NO: _____ Date: _____ Sign: _____**

## A. BENEFICIARY (PERSON(S) DESIGNATED TO RECEIVE FUNDS/BENEFITS IN THE UNFORTUNATE EVENT OF LOSS OF LIFE/TOTAL DISABILITY)

| NAME | RELATIONSHIP | PERCENTAGE ALLOCATION | I/D NO | TEL NO. |
|---|---|---|---|---|
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Please provide a guardian if the nominee(s) is/are below 18 years

Name …….. National ID ……..

Mobile No. …….

**WITNESSED BY:**

| NAME | ID/PASSPORT NUMBER | SIGNATURE |
|---|---|---|
| | | |
| | | |

## B: SIGNATURE:

| Name: | Signature: | Date: |
|---|---|---|
| | | |