NOMINATION FORM

SECTION E: NEXT OF KIN (to be contacted in case of emergency – MUST BE 18 years & above)

Name: …….. Relationship ……Mobile Number ……..
ID No: ……

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.

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