



BAT SACCO LTD  
 P O BOX 30000 - 00100  
 Nairobi Kenya  
 Tel: 0711062425/357/365

**NEXT OF KIN UPDATE FORM**

To The Chairman,

DATE-----

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person(s) named in section B below.  
 I understand that I may alter the name of Nominated Next of kin(s) by filling in a subsequent Nominated Next of Kin Form. The nominated next of kin may be one or several.

**A: APPLICANTS DETAILS:**

FULL NAME: MR, MRS, MISS, MS, -----

UPDATE DATE -----DATE OF BIRTH-----

PAYROLL/ACCOUNT NO ----- MEMBER NUMBER -----ID NO-----

EMAIL. -----PHONE NO-----

**B: NOMINATED NEXT OF KIN DETAILS**

FULL NAME	D.O.B	ID NO	GENDER (M/F)	ADDRESS/MOBILE NO.	RELATIONSHIP	SHARE BENEFIT %

**C: GUARDIAN DETAILS**

If children are under the age of 18 years, indicate the details of the Guardian(s) below:

FULL NAME	ADRESS	MOBILE NO.	(M/F)	ID	CHILD NAME	RELATIONSHIP

MEMBER----- WITNESS NAME ----- SIGNATURE -----  
 SIGNATURE

**Note:** Each time a member fills another form of nomination it overrides the previous one. If your nominees are more than provided for, list the rest overleaf & sign. A completed form should be forwarded to the Sacco office.

APPROVING OFFICAL NAME----- SIGNATURE-----DATE-----