



FORM A2

The Customer Experience Manager,
The Kenya Bankers,
PO. BOX 73236 - 00200
NAIROBI

CHANGE OF NOMINATED NEXT OF KIN

I, the undersigned, hereby instruct you that in the event of my death, while a member of The Kenya Bankers, all my dues should be paid to the person (s) named hereby as my nominated next of kin (s). I further understand that the names of the nominee (s) can be given in sealed letter and that i can have more than one nominee with applicable rates of percentages of the savings.

DETAILS OF MEMBER

FULL NAME _____

BRANCH _____ EMPLOYER _____

PERMANENT ADDRESS _____

MEMBER NO. _____ SIGNATURE _____ DATE _____

NAME OF WITNESS _____ MEMBER / NO. _____

SIGNATURE _____ DATE _____

NOMINATED NEXT OF KIN

<p>1. FULL NAME (CAPS) _____</p> <p>RELATIONSHIP _____ ID NO. _____</p> <p>PRESENT ADDRESS _____</p> <p>PERMANENT ADDRESS _____</p>	<p>2. FULL NAME CAPS) _____</p> <p>RELATIONSHIP _____ ID NO. _____</p> <p>PRESENT ADDRESS _____</p> <p>PERMANENT ADDRESS _____</p>
<p>3. FULL NAME (CAPS) _____</p> <p>RELATIONSHIP _____ ID NO. _____</p> <p>PRESENT ADDRESS _____</p> <p>PERMANENT ADDRESS _____</p>	<p>4. FULL NAME (CAPS) _____</p> <p>RELATIONSHIP _____ ID NO. _____</p> <p>PRESENT ADDRESS _____</p> <p>PERMANENT ADDRESS _____</p>



PARTICULARS OF CHILDREN UNDER 24 YEARS OF AGE

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

5. _____ DOB _____

CONTRIBUTORS PARENTS

FATHER'S NAME _____ ID NO. _____

MOTHER'S NAME _____ ID NO. _____

SPOUSE'S PARENTS

FATHER'S NAME _____ ID NO. _____

MOTHER'S NAME _____ ID NO. _____

FOR OFFICIAL USE

INSTRUCTION CONFIRMED IN ORDER / NOT IN ORDER _____

SIGNATURE _____

FORWARDED ON _____