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KARIBIA HIKERS HOUSING COOPERATIVE SOCIETY LIMITED
P. O. Box 15175 – 00509 (Hardy), NAIROBI. Murishu Road, Bomas.

BENEFICIARY / NOMINEE FORM

NAME..... Member NO.....

BENEFICIARY DETAILS

I, the undersigned, in the event of my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me, to the person(s) named in this section. The name(s) of the beneficiary(s) can be given in a sealed letter. I understand that I may alter the name of the beneficiary by filling in a subsequent form.

BENEFICIARY (FULL NAMES).....

RELATIONSHIP TO THE APPLICANTID/PP NO.....

ADDRESS OF THE BENEFICIARYTELEPHONE

PERCENTAGE ASSIGNEDALTERNATIVE CONTACT

WITNESS NAMESIGNATURE

BENEFICIARY (FULL NAMES).....

RELATIONSHIP TO THE APPLICANTID/PP NO.....

ADDRESS OF THE BENEFICIARYTELEPHONE

PERCENTAGE ASSIGNEDALTERNATIVE CONTACT

WITNESS NAMESIGNATURE

Signature of the KHHC Member..... Date