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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 names(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 APPLICANT	ID/PP NO.....
ADDRESS OF THE BENEFICIARY	TELEPHONE
PERCENTAGE ASSIGNED	ALTERNATIVE CONTACT
WITNESS NAME	SIGNATURE

BENEFICIARY (FULL NAMES).....	
RELATIONSHIP TO THE APPLICANT	ID/PP NO.....
ADDRESS OF THE BENEFICIARY	TELEPHONE
PERCENTAGE ASSIGNED	ALTERNATIVE CONTACT
WITNESS NAME	SIGNATURE

Signature of the KHHC Member..... Date