

## NOMINEE FORM

(Per By-Law 20)

To: The Chief Executive Officer, Hazina Sacco Society Ltd, P.O. Box 59877 – 00200, NAIROBI.

En	nail: nominee@hazinasacco.or.ke				
I			ID/No	of Pos	t Office Box
	memb	er of Hazina Sac	co Society Ltd; bein	ıg M/No	
P/1	No(Employer)			here	by nominate
the	e following nominee(s) to inherit my	shares/deposits i	n the said Society in	the following m	anner:
	Name of Nominee(s)	Relationship	Contact 1 (Phone, Email, P		% Shares/ Deposits
1					
2					
3					
4					
5					
ru to	onfirm that the information provides and regulations applicable. I fuits use as prescribed in the Hazina ebsite <a href="www.hazinasacco.or.ke">www.hazinasacco.or.ke</a> and a	rther willingly p Sacco Data Pro	provide the persona tection Policy (The	ıl information aı	nd consent
Sig	gnature	Date			
W	itnessed by:				
1.	Name		ID/No	M/No	)
	P/No Address		Signature	Da	ate
2.	Name		ID/No	M/No	)
	P/No Address		Signature	J	Date