



**Box 58581
Code-00200
Nairobi**

BENEFICIARY NOMINATION FORM

Date

Member No.....

Name ID No

Post Box Address

County Location

Sub Location

I hereby nominate the following persons as my beneficiaries. This nomination supersedes all my previous nominations.

<u>Name</u>	<u>ID No</u>	<u>Relation</u>	<u>%</u>
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.....
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.....

.....
Signature

.....
Certified

Email: info@lontelssacco.co.ke

Save Regularly, Borrow Wisely, Pay Promptly