

CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD.



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NOMINEE FORM

Membership No: _____

I _____

Address: _____

Name of Nominee _____
(In Capital Letters)

Address of Nominee _____

Identity Card No: _____ Age: _____ Sex: Male/Female

Relationship: _____

as the person/persons to whom all sums due to me by the Society shall be paid in the event of my death in accordance with the By-laws of the Society and the Co-operative Societies Act, 1979. As my nominee is a minor I do hereby appoint:

Mr./Mrs./Miss: _____
(In Capital Letters)

Address of Nominee _____

Identity Card No: _____ Age: _____ Sex: Male/Female

Relationship: _____

as my nominee's guardian to whom all sums due to me shall be paid in the event of my death in accordance with the By-laws of the Society and the Co-operative Societies Act, 1979.

Signed by me this: _____ day of _____ 20 _____

In the presence of two witnesses:-

Signature of the member

*1. _____
(Name in Capital Letters)

SIGNATURE

*2. _____
(Name in Capital Letters)

SIGNATURE

* Preferably members of the society