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**NEXT OF KIN FORM**

**REF NO. UCSCS/F/HR & ADMIN/021**

CONFIDENTIAL

**A. MEMBER'S PERSONAL PARTICULARS**

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
ID/No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
P/No \_\_\_\_\_ Membership No \_\_\_\_\_  
Office Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Branch \_\_\_\_\_ Employer \_\_\_\_\_  
Date employed \_\_\_\_\_ Designation \_\_\_\_\_  
Terms of service \_\_\_\_\_ Workstation \_\_\_\_\_  
Home Address \_\_\_\_\_ Province \_\_\_\_\_ District \_\_\_\_\_

**B. CONTACT PERSON**

Full Names \_\_\_\_\_  
ID/No \_\_\_\_\_ Relationship \_\_\_\_\_  
Office Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

**C. BENEFICIARY(S)/ (NEXT OF KIN)**

No.	Name	ID No.	Address	Relationship	Distribution Ratio %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*\*Where ratio is not given, the amount payable will be distributed equally.*

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

**D. WITNESSED BY: BRANCH CHAIRMAN/SECRETARY/TREASURER (Any one of them)**

Name \_\_\_\_\_ P/No \_\_\_\_\_ Signed \_\_\_\_\_  
Branch \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY.**

Form received on \_\_\_\_\_ Recorded on \_\_\_\_\_ Computerized on \_\_\_\_\_