



DECEASED INTEREST APPLICATION FORM

1. DECEASED DETAILS

First Name: _____ Surname: _____
Membership No: _____ Gender: _____ Date of Death: _____

2. BENEFICIARY DETAILS

Name: _____ Surname: _____ Omang No: _____
Gender: _____ Relationship to deceased: _____
Postal Address: _____
Physical Address: _____
Tel: _____ Cell: _____ Email: _____

NEXT OF KIN

Name: _____ Surname: _____ Omang No: _____
Gender: _____ Relationship to Beneficiary: _____
Postal Address: _____
Physical Address: _____
Tel: _____ Cell: _____ Email: _____

3. BANK DETAILS

Account number: _____ Name of bank: _____
Branch: _____ Branch Code: _____
Member's signature: _____ Date: _____



4. OFFICIAL USE ONLY

Unit Trust Investment Balance		P
Unit Trust Investment Withdrawal		P
Unit Trust Investment Balance		P

PROCESSED BY:

Name: _____ Designation: _____

Signature: _____ Date: _____

CHECKED BY:

Name: _____ Designation: _____

Signature: _____ Date: _____

5. MANAGER'S DECISIONS

Remark: _____

Name: _____ Signature: _____ Date: _____

NB: ATTACH COPY OF YOUR OMANG & DEATH CERTIFICATE