



NOMINEE / BENEFICIARY UPDATE FORM

MEMBER DETAILS

Initials: Mr Ms Mrs Dr Miss others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Widowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Name of Chief/Headman: _____ District: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

NOMINEE'S DETAILS

NO	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ID NO.	CELL NO.	%
1							
2							
3							
4							
5							

Sign: _____ Date: _____

