UNIVISION SACCO
powering dreams

BENEVOLENT FUND NOMINEE FORM

MEMBER NAME……..

ID NUMBER……MOBILE NUMBER…….....

MEMBER NUMBER……..… .....PAYROLL NUMBER…….....

CURRENT ADDRESS……..…..

NOMINEES

1. FULL NAME……..…….....

RELATIONSHIP…… PHONE NUMBER…….....

2. FULL NAME……..…….....

RELATIONSHIP…… PHONE NUMBER…….....

3. FULL NAME……..…….....

RELATIONSHIP…… PHONE NUMBER…….....

4. FULL NAME……..…….....

RELATIONSHIP…… PHONE NUMBER……....

5. FULL NAME……..…….....

RELATIONSHIP…… PHONE NUMBER……...

6. FULL NAME……..…..

RELATIONSHIP…… PHONE NUMBER…….....

NOTE: Attach all supporting documents