

Co-operative Bank Regulated NWDT Savings & Credit Society

P.O Box 48231-00100: Email: coopbanksacco@co-opbank.co.ke

BIO-DATA DATA COLLECTION FORM (*Mandatory Fields*)

Member Name (s): _____ PF No. _____

Member ID No: _____ Date of Birth _____

KRA Pin No. _____ Bank Account Number: _____

Phone Number: _____ Alternative Phone No. _____

Office Email: _____ Personal Email: _____

NOMINEE FORM / NEXT OF KIN FORM

I Mr./Mrs./Miss. _____

In accordance with Co-operative Bank Sacco Society By-Law No. 14.0 do hereby nominate the following as next of kin(s):

1st Nominee's Name _____

Relationship _____ Percentage _____ %

2nd Nominee's Name _____

Relationship _____ Percentage _____ %

3rd Nominee's Name _____

Relationship _____ Percentage _____ %

4th Nominee's Name _____

Relationship _____ Percentage _____ %

5th Nominee's Name _____

Relationship _____ Percentage _____ %

Total Percentage _____ %

Member's Signature _____ Date: _____