

TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.



A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY AUTHORITY (SASRA) NO.61

TOWER SACCO PLAZA ALONG OL'KALOU-NAKURU ROAD.

P.O. Box 259-20303, OL'KALOU: Tel: 0792 333 111,WHATSAPP +254 731 638930

Email: customercare@towersacco.co.ke, diaspora@towersacco.co.ke,

Website: www.towersacco.co.ke

(A basket for all your financial needs)

NOMINEE CARD

Membership No.																			
Acc.No.																			

(PER BY-LAW 16)

Persuant to the by-laws of this society I

Mr. Mrs. Miss _____ ID No. _____ hereby nominate

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

Name: _____ ID No. _____ Relationship to you _____ % _____

as the person (s) to receive the monies standing to the credit of my share and deposit accounts in the said society at my death, less any indebtedness owned by me to the society.

Nominee Postal Address _____

Signed _____

Dated _____ Year _____