



Mombasa Port Sacco Ltd
My Sacco of Choice

Mombasa Port Sacco Society Ltd

P.O. Box 95372 Mombasa- Kenya

Telephone: 041-222-124

Mobile: 0725238367/0780238367/0743836783

Email: info@msaportsacco.co.ke

NOMINATION FORM

THE CHAIRMAN
MOMBASA PORT SACCO SOCIETY LTD
P.O. BOX 95372
MOMBASA

Subject to the Co-operative Societies Amendment Act 2004 Section 14, Rule 11 and PART III of the By-Laws of Mombasa Port SACCO Society LTD, I hereby submit my nominee(s) as follows:

and I understand that I may **REVOKE** the nominee(s) below by filling a subsequent Nomination form

PERSONAL DETAILS

Form of Address: Mr/Mrs/Miss/Ms/

NAMES:
First Name Middle Name Surname

NATIONAL I.D. **MEMBERSHIP NO:**

POSTAL ADDRESS: **PHONE NO:**
BOX NO CITY/TOWN CELLPHONE LANDLINE

DECLARATION BY THE APPLICANT

I THE PERSON NAMED ABOVE AND WHOSE SIGNATURE APPEARS BELOW, BEING OF SOUND MIND AND UNDER NO DURESS, DECLARE THAT, IN CASE OF MY DEATH THE PERSON(S) STATED HEREUNDER SHALL BE PAID MY TOTAL DEPOSITS LESS MY DEBTS TO MOMBASA PORT SACCO SOCIETY LIMITED

NAMES OF NOMINEE(S)	RELATIONSHIP	% OF

THIS NOMINATION WAS WITNESSED BY

<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<small>NAME OF WITNESS (1)</small>	<small>ID NO</small>	<small>BOX NO & CITY / TOWN</small>	<small>SIGNATURE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<small>NAME OF WITNESS (2)</small>	<small>ID NO</small>	<small>BOX NO & CITY / TOWN</small>	<small>SIGNATURE</small>

Given under my hand

_____ this _____ day of _____ year _____
Applicant's Signature Month