



URBAN ROADS SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

IKM Place, Bishop Road, P.O. Box 22435-00100, GPO Nairobi-Kenya
Tel: 057 250791, Email: saccomembers@kura.go.ke

ROUSA/Form/2

(CONFIDENTIAL)

MEMBER'S NOMINEE (NEXT OF KIN) FORM

SECTION A

MEMBER'S PARTICULARS (Please attach a photocopy of national ID Card)

1. NAME (Block letters)
2. ID NO.CURRENT ADDRESS
3. CURRENT TEL. NO. OFFICIAL.....PERSONAL
4. PERMANENT POSTAL & PHYSICAL ADDRESS
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SECTION B (NOMINATION)

I hereby nominate the following person (s) to be considered for receipt of all benefits payable upon my death/Permanent incapacitation under Urban Roads Sacco Ltd.

DETAILS	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Full Name (For Minors – Provide Name of Guardian)				
Address & Tel. No's				
Relationship to Member				
Allocation (%)				

5. MEMBER'S SIGNATUREDATE
- AT (PLACE)
6. NOMINATION WITNESSED BY
- SIGNATURE.....DATE

By filling this form, the Applicant is bound by the effective Bylaws governing the Sacco.

Any changes to the above information should be communicated to the Society, Urban Roads Sacco Ltd as soon as possible