

MOMBASA PORT SAVING S & CREDIT CO-OPERATIVE SOCIETY LTD

MOMBASA PORT PLAZA MWAKILINGO ROAD, P.O. BOX 95372 MOMBASA

SWITCHBOARD
 LANDLINE 222 01 24
 WIRELESS 020 202 3801

DIRECTLINES
 DIRECTLINE 222 27 86
 WIRELESS 020 202 38 46



FAXLINE
 WIRELESS 020 202 38 45

CELL PHONES
 ZEIN 0736 506 656
 SAFARICOM 0725 238 367

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:			
	<small>First Name</small>	<small>Middle Name</small>	<small>Surname</small>
NATIONAL I.D.		MEMBERSHIP NO:	
POSTAL ADDRESS:		PHONE NO:	
	<small>BOX NO</small>	<small>CITY TOWN</small>	<small>CELLPHONE</small> <small>LANDLINE</small>

DECLARATION BY THE APPLICANT

I THE PERSON NAMED ABOVE AND WHOSE SIGNATURE APPEARS BELOW, BEING OF SOUND MIND AND UNDER NO DURESS, DECLARE THAT, INCASE 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

<small>NAME OF WITNESS (1)</small>	<small>ID NO</small>	<small>BOX NO & CITY / TOWN</small>	<small>SIGNATURE</small>
<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