



Next of Kin Ammendment Form

DATE

Next of Kin: Name _____ Relationship _____ Mobile No. _____

NOMINEES (WARITHI)

I _____ being of sound mind and under no duress,
declares that incase of my death, the person(s) stated hereunder shall be paid my total deposits loss my debts to
Ports Sacco Society Limited.

NAME	RELATIONSHIP	%	ID No.
1.			
2.			
3.			
4.			
5.			

Applicant's Name _____ ID No. _____

M/No _____ Sign _____ Date: _____

Witness Name: _____ Sign _____ Date: _____

FOR OFFICIAL USE

Processed by: Name _____ Sign _____ Date: _____

Approved by: Name _____ Sign _____ Date: _____