



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000, +254 0111035600.

Email: info@apstarsacco.coop Website: www.apstarsacco.coop

NEXT OF KIN FORM

CONFIDENTIAL

A. MEMBER'S PERSONAL PARTICULARS

Full Name _____

Address _____

ID/No _____ Date of Birth _____

P/No _____ Membership No _____

Office Tel _____ Cell Phone _____

Branch _____ Employer _____

Date employed _____ Designation _____

Terms of service _____ Workstation _____

B. CONTACT PERSON

Full Names _____

ID/No _____ Relationship _____

Office Tel _____ Cell Phone _____

Address _____

C. BENEFICIARY(S)/ (NEXT OF KIN)

No.	Name	ID No.	Address	Relationship	Distribution Ratio %
1.					
2.					
3.					
4.					
5.					
6.					

**Where ratio is not given, the amount payable will be distributed equally.*

Signature of Member _____ Date _____

D. WITNESSED BY: BRANCH CHAIRMAN/SECRETARY/TREASURER (Any one of them)

Name _____ P/No _____ Signed _____

Branch _____ Position _____ Date _____

FOR OFFICIAL USE ONLY.

Form received on _____ Recorded on _____ Computerized on _____