



# GREEN TOURISM SACCO

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EMAIL:sacco@itcfoundation.org WEBSITE: gtsacco.itcfoundation.org  
Location: Malindi-Kakuyuni Off Malindi -Tsavo Road  
**NOMINEE CARD**

EMPLOYER..... PAYROLL NO..... Membership No.....

Pursuant to the By-Laws of this Society,

I, Mr./Mrs./Miss.....of ID/No.....

in the event of my death while a member of the Society, hereby instruct the Society to pay all amounts due to me, less my debt to the society, to the person(s) named below irrespective of any will made by me. I understand that I may change details of the nominee(s) only by special written instructions to the Society.

Signature.....Date.....

1.

Name..... ID/No.....  
Relationship..... Percentage.....  
Address of Next of Kin.....  
Tel No.....E-mail.....

2.

Name..... ID/No.....  
Relationship..... Percentage.....  
Address of Next of Kin.....  
Tel No.....E-mail.....

3.

Name..... ID/No.....  
Relationship..... Percentage.....  
Address of Next of Kin.....  
Tel No.....E-mail.....

I also understand that for any of my nominated beneficiaries (**ABOVE**) under the age of 18 at the time of my death, any benefits payable will be paid to my **Appointee/Guardian** named below:

Name (Appointee / Guardian):	Relationship:	P.O. Box:	Code:	Town:
Email:		Mobile Phone:	Alternative Phone No.	
ID/PP No:	(Attach a copy)	KRA PIN:	(Attach a copy)	
Signed this.....day of.....in the year		Signature of Member		

## WITNESSES

1<sup>st</sup> Witness Name..... ID/No.....

Signature.....Mobile phone No..... Date.....

2<sup>nd</sup> Witness Name..... ID/No.....

Signature.....Mobile phone No..... Date.....