



AIRPORTS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD
Your Growth, Our Strength

NOMINATION/NEXT OF KIN FORM

I..... P/No.....

ID/No..... Mobile No

Do hereby nominate the following nominee(s) to inherit my funeral fund, final dues and any other interest in Airports Sacco Society in the following manner.

NO.	NAME OF NOMINEE(S)	RELATION-SHIP	ID NUMBER	MOBILE NUMBER	DATE OF BIRTH	PERCENTAGE BENEFIT
1.						
2.						
3.						
4.						
5.						
6.						

By signing this document, you consent to us collecting, processing and sharing with third parties listed with our Data Protection policy your personal information, to verify your identity in order to protect you and your assets, to carry out our obligations from any contracts entered into between you and us or to take steps to enter into an agreement with you, to meet our regulatory compliance and reporting obligations, to provide our services to you, manage your accounts and our relationship with you, to keep you informed about products and services you hold with us and to send you information about products or services (including those of other companies) which may be of interest to you unless you have indicated at any time that you do not wish us to do so, to prevent, detect, and investigate fraud and alleged fraudulent practices and other crimes, to protect our business interests and to develop our business strategies, to contact you, by post, phone, text, email or other methods. If you give us personal information about or on behalf of another person (senior or minor), you confirm that you are authorized to consent on their behalf to give and process their personal information where the products or services are provided and to generally act on their behalf.

Given under my hand this.....day of.....20.....

Signature.....

Witnessed by:

Name..... I/D NO.....

Mobile No..... Signature.....

Official Use Supervised By:

Name Date..... Designation.....