



KINGDOM SACCO SOCIETY LIMITED

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AGENT NOMINATION FORM

SECTION A: ACCOUNT HOLDER DETAILS

First Name: _____ Middle Name: _____

Last Name: _____ Gender: Male Female

ID/Passport No: _____ Membership No: _____

Email Address: _____ Mobile No.: _____

Signature: _____ Date: _____

SECTION B: NOMINATED AGENT DETAIL

First Name: _____ Middle Name: _____

Last Name: _____ Gender: Male Female

ID/Passport No: _____ Membership No: _____

Email Address: _____ Mobile No.: _____

Postal Address: _____ Code: _____

Residence: _____ Street: _____

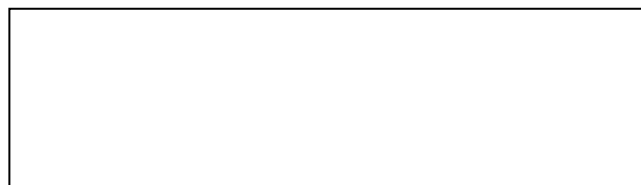
Current Engagement: Employed Self-Employed Both

Employer/Business Name: _____ Tel: _____



Name: _____

Signature:



SECTION C: NOMINATED AGENT MANDATES

Tick appropriately the mandates given to the agent:

Collect Statement of Account Balance Enquiry Receive Correspondence

Collect Dividends Loan Processing (Attach Copy of Power of Attorney)

FOSA Withdrawal Other (specify) _____

SECTION D: FOR OFFICIAL USE ONLY:

Received By: _____

Verified By: _____

Signature: _____

Signature: _____