

**TANGAZA UNIVERSITY COLLEGE STAFF BENEVOLENT FUND
(TUBEF)**

P.O BOX 15055-00509, LANGATA

TEL: 0722204724, 0732817000

MEMBER'S NOMINATION OF NEXT OF KIN FORM

Pursuant to the by-laws of TUBEF, I.....of Id No:.....

hereby nominate the person undersigned, in the event of my death to receive the stipulated amount.

Nominated next of kin (full names).....

Relationship to the applicant.....ID NO.....(Attach copy)

Address of next of kin.....

Name of Applicant:.....

Signature:.....

Date:.....

Id No:.....(Attach copy)