

BUNYE BETFU BUHLE BETFU

Savings and Credit Co-operative Society

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BENEFICIARY NOMINATION FORM

NAME OF MEMBER.....

IDENTITY NUMBER.....

MEMBER NUMBER.....EMPLOYMENT NUMBER.....

CONTACT NUMBERS.....

I, (full names) :hereby wish to nominate the under mentioned person(s) to receive the benefits payable by the SACCO in the event of my death in proportions indicated. Please note that I have listed all my dependents below. **THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION THAT I MAY HAVE MADE.**

MEMBER'S SIGNATURE

DATE

Full Name of Dependant/Nominee	ID Number	Relationship	% Benefit	Contact #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total percentage must equal **100%**

NOTE: WE URGE YOU TO UPDATE YOUR BENEFICIARY NOMINATION FORM ON A REGULAR BASIS, PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE.

Executive Committee: F. LUKHELE, E. NDLOVU, N. SIMELANE, F. SHONGWE