

Ulinzi House, Lenana Road.  
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**NOMINEES FOR LAST EXPENSE COVER**

**1. PRINCIPAL MEMBER'S DETAILS (BLOCK LETTERS)**

Name in full..... Male  Female   
*(staple on DG)*

Service Number: ..... Membership Number: .....

National ID No: .....Date of Birth.....

**2. NOMINEE (S)**

It is the duty of a member to provide the following information:

S/No	ID NUMBER/ M/NO:	Full Names	Category	Date of Birth
			Spouse	
			Father	
			Mother	
			Children(List all the children)	

**3. DECLARATION**

I hereby declare that the above information is true, complete and accurate to the best of my knowledge and agree to abide by the by -laws and /or any other amendments thereof in the Defence Sacco. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society's By-laws and the Laws of Kenya.

Member's Signature:..... Date: .....

Witness' Name: ..... Svc No: .....Mobile: .....

Address: ..... Signature: .....Date:.....