



I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

A) PARTICULARS OF MEMBER

1. Pension No.	<input type="text"/>	2. Salary No.	<input type="text"/>
3. Surname	<input type="text"/>	4. Title	<input type="text"/>
5. First name	<input type="text"/>		
6. Middle names	<input type="text"/>		
7. ID No.	<input type="text"/>	8. Passport No.	<input type="text"/>
9. Date of birth	<input type="text"/>	10. Pension fund	<input type="text"/>
11. Employer Name	<input type="text"/>		

B) BENEFICIARIES

1. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

2. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

3. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE



Member initial

Witness1 Initial

Witness2 Initial

NOMINATION OF BENEFICIARIES

WP1002

4. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

5. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

6. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

7. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

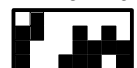
VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100% TOTAL , %

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Member initial

Witness1 Initial



Witness2 Initial




C) ESTATE (If available)

1. Name of executor																														
2. Address of executor																														
																													C O D E	
3. Tel No.	C O D E												4. Cell No.																	

SIGNATURES

Place																																
	Thumb print only needed for cases where the member cannot read / write																															
																																
Signature of Member (In presence of 2 witnesses)																																
Date	C C Y Y M M D D																															
																														Thumb print of member		

WITNESSES (mandatory)

Witness 1																														
Surname																														
Full names																														
Postal address																														
																													C O D E	
Witness 2																														
Surname																														
Full names																														
Postal address																														
																													C O D E	
Witness 1 Signature											Witness 2 Signature	