



Canal Road, Grenville

Bruce Street, St. George's,

Church Street, Hillsborough

Nomination Form (Pursuant to S.106 of the Co-operatives Act 8 of 2011)

NOMINATION FORM

1. Member Information		
A/C No.:	Date:	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name:	Middle Initials:	First Name:
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Mobile Phone:	Home Phone:	Work Phone:
Address:		Email Address:
2. Attestation		
As a Member of the above named Society, do hereby revoke all previous nominations and nominate the following person(s) (none of them being an Officer or Servant of the Society, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator), to or among whom shall be transferred my property in the Society, whether in Shares, Loans, Deposits, or otherwise at my death in such proportions as is set forth below next to their respective names:-		
3. Beneficiary Information 1		
Last Name:	Middle Initials:	First Name:
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Occupation:	Proportion (%):	
Address:		Phone No.:
4. Beneficiary Information 2		
Last Name:	Middle Initials:	First Name:
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Occupation:	Proportion (%):	
Address:		Phone No.:
5. Beneficiary Information 3		
Last Name:	Middle Initials:	First Name:
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Occupation:	Proportion (%):	
Address:		Phone No.:
6. Beneficiary Information 4		
Last Name:	Middle Initials:	First Name:
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Occupation:	Proportion (%):	
Address:		Phone No.:
7. Beneficiary Information 5		
Last Name:	Middle Initials:	First Name:

Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law		
Occupation:	Proportion (%):	
Address:	Phone No.:	
Where the Nominator is not intended to comprise the whole of the member's property in the Society, the amount to be comprised in it, is to be specified.		
8. Declarations (please tick corresponding boxes)		
a. A valid nomination covers all credit union property, that property may be assigned to one person or divided between various nominees. Any clearly identified person can be a nominee – it does not necessarily have to be next of kin.		<input type="checkbox"/>
b. Where only one person is nominated, that person will be the sole beneficiary of your credit union property.		<input type="checkbox"/>
c. The nomination will supersede your will and is not revocable or variable by your will or any codicil to it.		<input type="checkbox"/>
d. Death of the nominee (prior to that of the nominator) automatically revokes that nomination – you should complete a new nomination form		<input type="checkbox"/>
e. Completion of a new nomination revokes all previous nominations		<input type="checkbox"/>
f. In order to be valid, this form of nomination must be delivered to an Ariza branch.		<input type="checkbox"/>
g. A nominee/beneficiary listed cannot be a witness		<input type="checkbox"/>
I, _____ confirm that the following information was explained to me at the time of completion of this nomination form. As witness my hand, this _____ day of _____ two thousand and _____.		
Signature of Nominator:		

9. Signature of Witnesses	
Witness 1:	Witness 2:
Name:	Name:
Address:	Address:
Signature:	Signature:
Date:	Date:
For Official Use Only	
Date Received:	
Signature of Officer:	
Signature of Approving Officer:	
Notary Public/Justice of the Peace / Ariza Official Nomination forms of Foreign nominators MUST be notarized. Please place stamp in the space provided here →	