



KIBABII UNIVERSITY

NOMINATION OF BENEFICIARY (S)

Staff Name.....

National ID No.....

PF Number.....

Nomination of Beneficiary(s)

I hereby request you to pay all final /benefits due upon my demise while still in employment of Kibabii University to the under mentioned Nominated Beneficiaries in the proportions shown against each name:

S/No.	Name of Nominated Beneficiary(s)	Relationship to Staff	Last Known Address ;Telephone Number ;Postal & Email Address	Date of Birth of Nominated Beneficiary	Percentage of total Benefit to be paid to Each

I confirm that the information given above is true and has been issued without any alterations.

.....
Staff Signature

Date.....

.....
Witness Name/ Signature

PF NO/ ID No.....

Date.....