

[Date]



NEXT OF KIN FORM

NO. _____

I/We _____ (name of Shareholder/Group) the undersigned, in the event of death whilst being a shareholder of Fortune Five Hundred Investment Group Ltd (hereafter, the Company), hereby instruct the Company to pay off all amounts due to me, less any debts to the Company, to the persons named in this section.

1	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship	
	Document Type¹		Percentage	
2	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship	
	Document Type		Percentage	
3	NAME			
	Address			
	Telephone			

¹ Acceptable documents include (1) National Identity Card Number (2) Passport (3) Birth Certificate (in case of minors). Copies of documents should be attached to this Form. Attach 2 passport size photographs of applicant, nominated next of kin and guardian (for minors)

F-500 HEALTH GROUP

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Mobile: +254774150677 /
+254702937982

Along Nandi Road, Ramogi
Drive junction, Eldoret - Rift
Valley

www.f500.co.ke
info@f500.co.ke



	Email			
	ID No.		Relationship	
	Document Type		Percentage	
4	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship	
	Document Type²		Percentage	
5	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship	
	Document Type		Percentage	
6	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship	
	Document		Percentage	

² Acceptable documents include (1) National Identity Card Number (2) Passport (3) Birth Certificate (in case of minors). Copies of documents should be attached to this Form. Attach 2 passport size photographs of applicant, nominated next of kin and guardian (for minors)

	Type			
GUARDIAN'S DETAILS (FOR MINORS)				
	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Relationship (if any)	

APPLICANT'S DETAILS

	NAME			
	Address			
	Telephone			
	Email			
	ID No.		Membership Number	
	Signature & Date			

WITNESS

	NAME			
	Address			
	Telephone			
	Email			
	ID No.			
	Signature & Date			