

Share Nominee Form

Name of Shareholder	NRIC No.	Member Code
Address		
Contact No. (H) (O) (HP)	Email	

I hereby nominate the persons named in the schedule as my nominees, in accordance with Section 45 of the Cooperative Societies Act, Cap 62, to receive at my death their respective proportions of all sums payable by Income for the redemption of my Income shares under Clause 9 (vii) of the by-laws.

Schedule of Persons Nominated

Full Name & Address	Age	NRIC/BC No.	Relationship	Percentage of redemption monies to be paid (total 100%)

In the event that my nominee(s) has/have not attained the age of 18 at my death, I hereby appoint

Trustee

Name (Mr/Mrs/Miss/Mdm)
NRIC No.
Contact No. (H) (O) (HP)
Address
as trustee to receive the monies on behalf of the minor nominee(s).

Signature of Shareholder

Signature of Shareholder

Dated this _____ day of _____ 20 _____

Witness (1)

Witness (2)

Signature	Signature
Full Name	Full Name
NRIC No.	NRIC No.
Address	Address
Contact No.	Contact No.
Email	Email