 **Mabouya Valley Co-operative Credit Union Society Limited**

*Richfond, Dennery, St Lucia*

*Post Office Box QRS210*

Tel: (758) 453-8024 / 453-3819 Mobile: (758)720-5204 Fax: (758 453-3416 Int’l: 1 (347) 298-1288 Email: info@mvccu.net

**Beneficiary Form**

Date: ………………………………………………… Account No.: …………………………

Name: ……………………………………………………………………………………………………………………………………………………..

**APPOINTMENT OF NOMINEE/BENEFICIARY**

In accordance with Section 100 of the C-operative Societies Act No. 28 of 1999 (Chapter 12.06) of the Laws of St Lucia, and the Bylaws of the above named Society, I hereby nominate the following person(s) to whom or to whose credit the share or interest or the value of such share or interest held by me in the **Mabouya Valley Co-operative Credit Union Society Limited** shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **D.O.B** | **Contact No.** | **RELATIONSHIP** | **PROPORATION TO BE PAID****%** |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Should the aforesaid beneficiary (ies) be minors (under the age of 16) at the date of my death the legal guardian shall be entitled to receive the benefit on their behalf by instalments agreed with the Credit Union.**

Name: ………………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………………

 Relationship: ……………………………………………………………………………… Tel. No. …………………………

**Please note that upon Minors reaching the age of 16 years, the above named guardian would be considered null and void.**

……………………………………………..

Signature Member/Applicant

…………………………………………………. …………………………………………….

Signature of Attesting witness Signature of Attesting witness