

**KOPERASI JAFFNESE BERHAD (C 26/24)**

யாழ்ப்பாணத்தவர் கூட்டுறவு சங்கம்

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FORM NO: 3A-1

NOMINATION (Under Undang-undang Kecil 18)

1. Name (as per I/C) :
2. I/C no : 3. Tel no: H/P No:
4. Membership no : 5. E-Mail Add:
6. Address :
7. I hereby nominate the following person/persons to receive my share or interest or the value of such share or interest or all other monies stated under section 24 of the Co-operative Societies Act 1993, that may be due to me on my death:

Proportion allotted

8. i) Name (as in I/C or B/C) as (fraction) or %.....
ii) I/C or B/C no: iii) Tel/HP no: iv) Age(yrs)
v) Relationship to member: vi) Mem no (if a KJB member)
vii) Address of nominee:
..... Postcode: Town:
9. i) Name (as in I/C or B/C) as (fraction) or %.....
ii) I/C or B/C no: iii) Tel/HP no: : iv) Age(yrs)
v) Relationship to member: vi) Mem no (if a KJB member)
vii) Address of nominee:
..... Postcode: Town:
10. i) Name (as in I/C or B/C) as (fraction) or %.....
ii) I/C or B/C no: iii) Tel/HP no: : iv) Age(yrs)
v) Relationship to member: vi) Mem no (if a KJB member)
vii) Address of nominee:
..... Postcode: Town:

Total as (fraction) 1.0 or 100%

11. Signature of nominator: Date:

12. Name of Witness no. 1 to signature of nominator:.....

Signature of Witness no. 1: Mem no: Date:

13. Name of Witness no. 2 to signature of nominator:.....

Signature of Witness no. 1: Mem no: Date:

Dated thisday of..... (month) 20 (year)

THE NOMINATION FORM MUST BE COMPLETED TO ENABLE THE MEMBERSHIP APPLICATION TO BE CONSIDERED AND APPROVED EARLY.

Note: All witnesses must be member of JCS & in benefit