

MEMBER DETAIL UPDATE FORM

To enable us kee	p in touch with	n you, please give us	your updated	persona	l details:				
Full Name:									
Account Number:									
ID No:		Passport No:		Staff No					
Mobile Number: Alternative Mobile Number:									
KRA PIN No:		Address	ress Postal Code						
Town	Personal Email Address								
Employer email a	ddress:								
Nomination (NOK): Ihereby nominate the following nominee (s) to inherit my share or interest in the said society in the following manner;									
Name of Nominee (s)	Relationship	% of share/ interest	ID NO.	ID NO.		Vo.	Postal Address		
1									
2									
3									
4									
5									
may disclose you	r Personal Dat recovery and I	e custodian of your of a to 3rd Parties in go T Systems service presended	ood faith. This	may be	necessitated b	y but	not lin	nited to	o; legal
Signature:			Date:	:					_
Complete? Pleas FOR OFFICIAL US		is form to the Custor	ner care Repre	esentativ	re				
		Da ⁻	te		_ Signature _				

Authorizing Officer Name ______ Date _____ Signature _____