



# UKRISTO NA UFANISI SACCO LTD



SAVING & CREDIT CO-OPERATIVE SOCIETY LTD.  
P.O Box 872 00605 NAIROBI

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## MEMBER DATA UPDATE FORM

Date.....

Branch.....

**MEMBER NO:**

NAME:			
ID NO:			
MEMBER NO:			
D.O.B:			
TEL.NO:			
MARITAL STATUS:			
EMAIL ADDRESS:			
PHYSICAL ADDRESS:			
<b>NEXT OF KIN DETAILS:</b>			
NAME:			ID NO:
RELATIONSHIP:			TEL NO:

<b>BENEFICIARIES DETAILS</b>				
NAME	ID NO.	MOBILE NO.	RELATIONSHIP	FINAL DUES %

I confirm that the information provided above is accurate, correct and complete and authorize Ukristo na Ufanisi Sacco Ltd to update my details accordingly.

Name \_\_\_\_\_ Member No \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**CUSTOMER CARE**

Form Received on: \_\_\_\_\_ Updated by \_\_\_\_\_ Sign \_\_\_\_\_

Membership Number: \_\_\_\_\_

Verified by: \_\_\_\_\_ Updated by \_\_\_\_\_ Sign \_\_\_\_\_

**REGISTRY SECTION**

Form Filed on: \_\_\_\_\_ Name \_\_\_\_\_ Sign \_\_\_\_\_

Checked on: \_\_\_\_\_ Name \_\_\_\_\_ Sign \_\_\_\_\_

