Kingsize Regulated NWDT Sacco
Quality Products & Services

MEMBERSHIP DETAILS UPDATE FORM

Note: KINGSIZE REGULATED NWDT SACCO is a licensed Data processor as per the Data Protection Act and the regulations on the same. The information required is purposely for business conduct through Know Your Customer principle. By you filling and signing this form, you consent the SACCO to use the provided data for the aforementioned use.

PART A: PERSONAL IDENTIFICATION DETAILS

Name:..... ID No/Passport No:..... Nationality.....

Tel No:.....Email Address:.....Postal Address.....Town.....

County of birth:.....County of Residence:.....Estate.....Court.....

House No.....Public institution nearest to your upcountry residence.....

Employer.....Department.....Postal Address.....Town.....

Next of Kin Name.....ID No.....Relationship.....Tel No.....

(The next of Kin is someone we can contact in case we are unable to trace you for whatever reason)

PART B: DEPENDANT DETAILS

These are the people who shall benefit from your benefits at the SACCO in case of death or legal incapacitation

No	Name	Date of Birth	Relationship	ID No. or Birth Certificate	%Distribution of benefits	Tel Contacts

DECLARATION

I……of KRA No……do

Hereby declares that the information I have given herein are true to the best of my knowledge and is able to provide proof if required. I undertake to update the same if need be as soon as possible.

Signature:……Member/SAP No……..Date……../…../……

PART C: FOR OFFICIAL USE

Data entered in the system by……..Signature……Date……

Verified by……Signature……Date……