

## MEMBER DETAIL UPDATE FORM

To enable us keep in touch with you, please give us your updated personal details:

Full Name:					
Account		<del>                                     </del>			
Number:					
ID No:	Passport No:		Sta	aff No	
Mobile Number:Alternative Mobile Number:					
KRA PIN No:	Postal Address		Postal Code		
TownPersonal Email Address					
Employer email address:					
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.	Telephone No.	Postal Address
Nonlinee (3)		interest			
1					
2					
3					
4					
5					
Signature:	Date:				
Complete? <i>Please hand</i> FOR OFFICIAL USE	over this form to the Cus	stomer care R	epresentative.		
Updated by: Name		Date		_Signature	
Approved by: Name		Date		Signature	