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## **KIMISITU MEMBER DATA CHANGE FORM**

## KINDLY INDICATE THE CHANGE TO BE EFFECTED BY THE SACCO

PERSONAL DETAILS		
COLOURED PASSPORT PHOTO		
DETAILS	FROM	то
MEMBER ID NO		
DATE OF BIRTH		
MARITAL STATUS		
PHONE NUMBER		
EMPLOYER'S NAME		
POSTAL ADDRESS		
PHYSICAL ADDRESS		
EMAIL ADDRESS		
BANK ACCOUNT DETAILS	S	
BANK NAME		
BANK BRANCH		
ACCOUNT NUMBER		
NEXT OF KIN DETAILS		
FULL NAMES		
RELATIONSHIP		
ID NUMBER		
PHONE NUMBER		
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DENIETICIADITO DETAILO
BENEFICIARIES DETAILS

SIGNATURE

FULL NAMES	RELATIONSHIP	DATE OF BIRTH	NATIONAL ID / PASSPORT NO	TELEPHONE NO	POSTAL ADDRESS	PROPORTION (%)

OLD SIGNATURE		MEMBER SIGNATURE
Member Name:		M/No
Signature	Date	