

KEWISCO REGULATED NON WTD SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

P.O. BOX 4491 – 00200 NAIROBI TELEPHONE: 0111-120600/1/2/3/4/5 Whatsapp: 0777-253569

E. Email: info@kewiscosacco.org, ceo@kewiscosacco.org, loans@kewiscosacco.org

MEMBER PERSONAL INFORMATION UPDATES FORM

			/	
Name of spouse	ID No.	Contact	Date married	
SPOUSE DETAILS				
MEMBERS RELATIONS DETAILS				
DATE				
BANK NAME AND BRANCHACCOUNT NUMBER				
STATION NAMECOUNTY OF ORIGIN	SUB-COUNTY			
PROFESSION	CURRENT POSITION			
NAME OF EMPLOYER	EMPLOYME	ENT NUMBER		
PERMANENT ADDRESS	CODE			
PRESENT ADDRESS	CODE			
EMAIL ADDRESS				
GENDER	TEL			
ID NUMBER	MARITAL STA	TUS		
OTHER NAMES				
SURNAME				

MEMBER BIOLOGICAL PARENT'S DETAILS

No.	Name	Relationship	whether Alive or	Permanent residence (County &	Tel. Contact
1.					
2.					



KEWISCO REGULATED NON WTD SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED P.O. BOX 4491 – 00200 NAIROBI TELEPHONE: 6000671, CELL: 0724 253569;0739-253569

E Email:info@kewiscosacco.org,manager@kewiscosacco.org,loans@kewiscosacco.org

CHILDREN'S DETAILS

No.	Name	Date of birth	Birth Certificate/Notification No.
1.			
2.		/	
3.		/	
4.		//	

PARTICULARS OF BENEFICIARY

Name	Relationship	%	Tel. Contact/Address
	Name	Name Relationship	Name Relationship %

NOTE: IF PERCENTAGE TO BE PAID TO EACH NEXT OF KIN IS NOT SPECIFIED (WHERE MORE THAN ONE NEXT OF KIN IS PROVIDED FOR) THE SOCIETY SHALL APPORTION THE DECEASED'S DUES EQUALLY AMONG THE NAMED NEXT OF KIN.

PLEASE ENCLOSE

- i) ONE PASSPORT SIZE PHOTOGRAPH (NAME HAND WRITTEN ON THE BACK)
- ii) COPY OF ID CARD
- iii) COPY OF BIRTH CERTIFICATE/NOTIFICATIONS FOR CHILDREN
 - iv) COPY OF MARRIAGE CERTIFICATE OR AFFIDAVIT
 - v) COPY OF SPOUSE ID CARD
 - vi) COPY OF PARENT ID (THOSE ALIVE)

CONTACT INCASE OF AN EMERGENCY

NAME			
	A I A A A E	DELATIONICHED	TC!
	NIAME	RELATIONSHIP	1 - 1

PRINCIPLAL MEMBERS SIGNATURE	DATE
	g.g.,
WITNESS NAME:ID.NO	SIGNATURE
DATE/	
	2