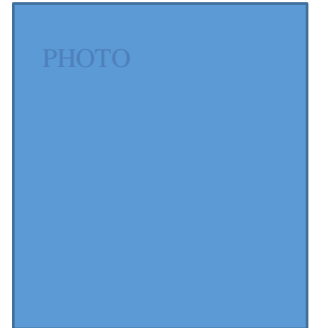




MEMBER PERSONAL INFORMATION UPDATES FORM

SURNAME-----
 OTHER NAMES-----
 ID NUMBER-----MARITAL STATUS-----
 GENDER-----TEL-----
 EMAIL ADDRESS-----
 PRESENT ADDRESS-----CODE-----
 PERMANENT ADDRESS-----CODE-----
 NAME OF EMPLOYER-----EMPLOYMENT NUMBER-----
 PROFESSION-----CURRENT POSITION-----
 STATION NAME-----
 COUNTY OF ORIGIN-----SUB-COUNTY-----
 BANK NAME AND BRANCH -----
 ACCOUNT NUMBER-----



DATE-----

MEMBERS RELATIONS DETAILS

SPOUSE DETAILS

Name of spouse	ID No.	Contact	Date married
		/...../.....

MEMBER BIOLOGICAL PARENT’S DETAILS

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



CHILDREN'S DETAILS

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

PARTICULARS OF BENEFICIARY

No.	Name	Relationship	%	Tel. Contact/Address
1.				
2.				
3.				
4.				
5.				

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..... RELATIONSHIP.....TEL.....

PRINCIPAL MEMBERS SIGNATUREDATE.....

WITNESS NAME:..... ID.NO..... SIGNATURE.....

DATE...../...../.....