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MEMBER CONTACT INFORMATION UPDATE FORM

Help us reach you easily by giving us your current contact details.

Account Name: _____

Member No: _____

Mobile Number (**M-PESA REGISTERED NO.**) _____

Email Address: _____

KRA PIN NO: _____

Postal Address: _____

DECLARATION BY THE MEMBER

I authorize KENVERSITY SACCO Limited to Change my details as stated above.

I agree that am liable for the changes done.

I authorize the society to make any necessary enquiries in connection to changes.

Signature: _____ Date: _____

Thank you for continued support

FOR OFFICIAL USE ONLY

Copy of ID Attached

Copy of KRA PIN Attached

Signature Verified

Received by: _____ **Signature:** _____ **Date:** _____

Authorized by: _____ **Signature:** _____ **Date:** _____

Input by: _____ **Signature:** _____ **Date:** _____

