

## 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 REGISTERENO.**) \_\_\_\_\_

Email Address: \_\_\_\_\_

KRA PIN NO: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

### DECLARATION BY THE MEMBER

1. I authorize KENVERSITY SACCO Limited to Change my details as stated above.
2. I agree that am liable for the changes done.
3. I authorize the society to make any necessary enquiries in connection to changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for continued*

### 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:** \_\_\_\_\_