

**KENVERSITY CO-OPERATIVE SAVINGS AND
CREDIT SOCIETY LIMITED.**

P.O. BOX 10263 - 00100 Tel. 812782/810901, 0208002371/2

RE: RECORDS UP-DATING FORM.

NAME: **M.No.** **P.F/No.** **Mobile No.**
DATE OF BIRTH:
DESIGNATION:
INSTITUTION/DEPARTMENT:/.....

1. I hereby wish to update my records in the file. I agree that the records I put herein today
 _____ (Date) supersedes the records given earlier on.

<p><u>BENEFICIARY IN THE EVENT OF DEATH</u> NAME: ID/No: ADDRESS: RELATIONSHIP: (if more than one please continue below)</p>
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Beneficiaries list continued:.....

NAME IN FULL	RELATIONSHIP	RATIO IN %

I certify that the information given hereabove is true to the best of my knowledge and is given sober and sound mind without intimidation.

NAME: _____ **SIGN** _____ **DATE** _____

NB: ALL COMMUNICATIONS TO BE ADDRESSED TO THE CHAIRMAN