



KINGDOM SACCO SOCIETY LIMITED

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CHANGE OF STATIC DATA FORM

1 Member Details:

1.1 Member No: _____ 1.2 ID/Passport/Reg No _____

1.3 Member Name: _____

2 Details of Amendments Requested:

2.1 Mobile Number:	From:
	To:
2.2 Office Phone:	From:
	To:
2.3 Email Address:	From:
	To:
2.4 Postal Address:	From:
	To:
2.5 Residence:	From:
	To:
2.6 Account Mandates (Give Acc No.)	From:
	To:
2.7 Next of Kin & Phone Contact	From:
	To:
2.8 Other (Indicate)	From:
	To:

3 Signing by all Account Signatories

3.1 Name: _____ ID No. _____ Signature: _____ Date: _____

3.2 Name: _____ ID No. _____ Signature: _____ Date: _____

3.3 Name: _____ ID No. _____ Signature: _____ Date: _____

4 For Official Use Only:

Instructions received and the following availed/checked:

Original ID Seen Certified ID Copy Attached Signature Verified

4.1 Received By: _____ 4.2 Authorized By: _____

4.3 Input By: _____ 4.4 Verified By: _____