



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:

4.1 Received By: _____ Signature: _____

4.2 Verified By: _____ Signature: _____