

VISION REGULATED Non-WDT SACCO SOCIETY LTD**MEMBER INFORMATION UPDATE FORM**

Please provide the below details in full to enable us update your Sacco membership details.

Part A: Member Biodata: (Please attach copy of your National ID, KRA PIN certificate and recent Passport size photo)

Name (Surname).....Other Names.....ID/Passport Number.....
Date of BirthGender.....Marital Status.....
Telephone No.....Email Address (Personal).....
Postal Address.....Code.....Town.....KRA PIN No.....

Part B: Employment Details:

Name of EmployerDesignation.....
Department.....Employment Type (tick one) Permanent/Contract/Casual/Others
Work Station.....Pay roll No.....
Employer Postal Address.....Tel. No.....

Part C: Next of Kin Details

	Name	Relationship	% Allocated	ID No.	Telephone Number	Email Address
1						
2						
3						
4						
5						

Part D: DEPENDENTS ON BENEVOLENT COVER

(Please list only your spouse, biological/legally adopted children under the age of 21 years, biological parents and parents-in-law). **NOTE: Benevolent Cover Benefit is Ksh. 100,000 per claim.**

	Name in Full	Relationship	ID No.	Telephone Number	Date of Birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Part E: Bank Details:

Bank.....Branch.....
Account No.....

Part E: Member Declaration:

IID/Passport No.....being a member of Vision Sacco Society Ltd do hereby declare that the information given above is true and accurate to the best of my knowledge and give consent to the Sacco to share the same with the insurance company for the purpose of my Benevolent Cover.

Signature..... Date.....

FOR OFFICIAL USE ONLY

Details captured by:.....Signature.....Date.....
Authorized by:.....Signature.....Date.....