

CHUNA SACCO LTD
 30197-00100, University Of Nairobi
 Nairobi,KE
 Tel: 0705 951 672. 0704245520
 0733809421 (020)318262 ext 28214
 Email; chunasacco@uonbi.ac.ke
chunasacco@yahoo.com



**AFFIX PASSPORT PHOTO
 HERE**

Dear Sir/Madam,

We are in the process of updating our management information system and in order to comply with the law and KYC principles we are required to update all members' bio data. We therefore ask for your cooperation during this process. Be assured the information is not for public consumption and steps are in place to ensure it remains private

Below is the form we require you to fill.

BIO Details (All fields are mandatory unless otherwise stated)

CHUNA MEMBER NO		ID NO/PASSPORT NO.
PAYROLL NO		CS 2466 Primary Phone
NAMES(SURNAME FIRST)		
Campus and Department		
Email		
Date of Birth (dd-mm-yyyy)		Gender
Membership type(Individual, Corporate, Welfare, Joint)		
County		Nearest Town
Postal Address (with Postal Code)		
Employers Name		

Sign in the box below:

SIGNATURE	SIGNATURE CONFIRMATION

Please attach two copies of your ID copy (both front and back)

Next Of Kin Details (Have as many copies as are the number of next of kin)

	Kin one	Kin Two
ID NO(Optional)		
Name		
Relationship		
Postal Address(without code)		
Phone(optional)		
Nearest Town		
Postal Code(only)		

Dependents

Required for the purpose of insurance compensation upon demise of spouses and children aged 21 years and below.

No	Name	Gender	Date of Birth dd-mm-yyyy	Relationship
1				
2				
3				
4				
5				
6				

List of Beneficiaries

A beneficiary is that person appointed to benefit from the members proceeds after demise.

No	Name In Full	Relationship	ID Number	Allocation (%)	Email address
1					
2					
3					
4					
5					
6					

End