

MEMBER ACCOUNT DETAILS AMENDMENT FORM

TO BE COMPLETED IN BLOCKLETTERS

Branch: Date:

MEMBER DETAILS

Member Name:		Account No:	
ID No.:	Postal Address:		
Telephone:	E-mail Address:		

I hereby request the amendments indicated below on my account.

Tick	Amendment	Old Details	New Details
<input type="checkbox"/>	Member Name*		
<input type="checkbox"/>	Telephone Number *		
<input type="checkbox"/>	ID Number*		
<input type="checkbox"/>	Physical Address*		
<input type="checkbox"/>	Postal Address *		
<input type="checkbox"/>	E-mail Address		

*Please attach a copy of *National ID card*.

DECLARATION

I hereby declare that the information provided is true and correct. I do hereby append my signature as evidence that I fully understood and agree to be bound by the same. I understand that as long as the Sacco acts in compliance with this authorisation, the Sacco shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act of omission in connection with the subject of this authorisation, including but not limited to any act or omission (or any delay) on the Sacco part in responding to instructions received by Sacco. In addition, I have agreed to be bound by any variations to the Terms and Conditions that may be made by the Sacco from time to time.

MEMBER SIGNATURE

Customer Name: _____ Signature: _____

OFFICIAL USE ONLY

Checked by: Name of Staff: _____ Date: _____

Authorised by: Name of Staff: _____ Date: _____