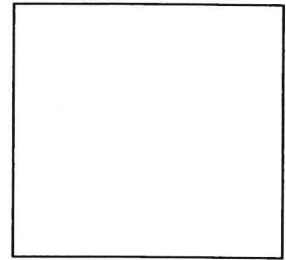




JAMII CO-OPERATIVE AND SAVINGS CREDIT SOCIETY

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AFFIX THE PASSPORT PHOTO

MEMBER PROFILE UPDATE FORM

I hereby give the Sacco authorization to update information on my account as below.

FULL NAME(block letters)

Title MR Ms (Tick as appropriate)

MEMBER NO.....EMPLOYER.....EMPLOYMENT SECTOR.....
 (CASH/PUBLIC/PRIVATE,DIASPORA/STUDENT)

ID NUMBER..... ID SERIAL NUMBER..... PAYROLL NUMBER.....

KRA PIN NUMBER..... EMAIL ADDRESS.....

PROFILE	FROM	TO
NAME		
MOBILE NUMBER		
PAYROLL NUMBER		
WORK COUNTY		
SUB- COUNTY		
WORK STATION		
MARITAL STATUS		
EMPLOYER		
EMAIL		

DECLARATION.

I confirm that the information given above is true to the best of my knowledge.By signing on this form,I request you to update my account with the above,to supersede any other previously provided information.

Please sign in the space provided



Date..

