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Attach
passport
photo

MEMBERSHIP DETAILS UPDATE FORM

This form should be filled by existing members only. It is meant for updating membership and benevolent fund details that the member may not have captured while joining the SACCO. It is IMPORTANT that the SACCO will ONLY rely on the information availed for any future claims

PART A: MEMBER DETAILS

Name of Member:

Membership Number: Payroll Number:

Employer: Current Branch:

Designation: ID No:

Current Address: Mobile Number:

Email Address:..... KRA PIN:

PART B: NOMINEE/NEXT OF KIN DETAILS

Nominee Name:

Relationship: Nominee ID No:

Nominee address: Mobile number:

PART C: BENEFICIARIES DETAILS:

Names	Date of Birth
1. Spouse Name.....	
Passport/ID Card No.....
2. Children:	
a)
b)
c)
d)

e)

f)

3. Parents:

a)

b)

NB: Compensation shall only be done for the dependents indicated on the original application form and this update form so long as there is no discrepancy on both forms.

Member signature: Date:

Branch official signature: Date: