



MEMBER BIO DATA FORM

We are currently updating our management information system to comply with legal requirements and KYC principles. As part of this process, we need to update the bio data of all members. We kindly ask for your cooperation during this update. Please rest assured that your information will not be shared publicly, and measures are in place to ensure its privacy.

Member Details

Title (Mr., Mrs., Miss,)		GENDER	
Surname			
Other Names			
National ID Number		Member Number	
Date of birth		Mobile Number	
Personal Email		KRA PIN Number	
County of Residence			
Sub County			
Ward			
Area of Residence			

Employment Details

Employed		Self employed	
Employer		Business name	
Location		Location	

Next Of Kin Details

	Kin One	Kin Two
ID NO		
Name		
Relationship		
Postal Address		
Phone		
Nearest Town		
Email address		

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					

By signing this document, you consent to the collection, processing, and sharing of your personal information with third parties as outlined in our Data Protection policy. This information will be used to verify your identity for the purpose of safeguarding you and your assets, fulfilling contractual obligations, taking steps toward entering an agreement, ensuring regulatory compliance and reporting, delivering our services, managing your accounts and relationship with us, keeping you informed about the products and services you hold with us, and sending you information about relevant products or services (including those of other companies) unless you have opted out. Additionally, your information will be used to prevent, detect, and investigate fraud and other crimes, protect our business interests, and support the development of our business strategies. We may contact you through various methods such as post, phone, text, email, or others. If you provide personal information about another person (whether an adult or minor), you confirm that you have the authority to consent on their behalf to the collection, processing, and sharing of their personal data for the services provided and to act on their behalf.

Signature: **Date:**

FOR OFFICIAL USE ONLY

Captured by **Date**

Verified by **Date**

Approved by **Date**