



JOINAS SAVINGS AND CREDIT SOCIETY LTD.
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Affix
Photo

MEMBER UPDATE FORM:

FULL NAME _____ KRA PIN _____

MEMBER NO _____ PAYROL NO _____ ID NO _____

PHONE NUMBER _____ PHYSICAL ADDRESS _____

POSTRAL ADDRESS _____ POSTAL CODE _____

DATE OF BIRTH _____ EMAIL ADDRESS _____

OCCUPATION _____ LOCATION _____

NEXT OF KIN

NAME	ID NO/D.O.B	CONTACTS	RELATION	%

If a minor please fill in details of the guardian

Name.....ID No.....contact.....

Relation to next of kin.....

Personal Data Consent Clause:

By signing this document, you consent to us collecting, processing and sharing with third parties listed with our Data Protection policy your personal information, To verify your identity in order to protect you and your assets, to carry out our obligations from any contracts entered into between you and us or to take steps to enter into an agreement with you, to meet our regulatory compliance and reporting obligations, to provide our services to you, manage your accounts and our relationship with you, to keep you informed about products and services you hold with us and to send you information about products or services (including those of other companies) which may be of interest to you unless you have indicated at any time that you do not wish us to do so, to prevent, detect, and investigate fraud and

alleged fraudulent practices and other crimes, to protect our business interests and to develop our business strategies, to contact you, by post, phone, text, email or other methods.

If you give us personal information about or on behalf of another person (senior or minor), you confirm that you are authorized to consent on their behalf to give and process their personal information where the products or services are provided and to generally act on their behalf.

SIGNATURE OF THE MEMBER _____ DATE _____

REASONS OF THE UPDATE

WITNESSED BY _____ SIGN _____ DATE _____

VERIFIED BY _____ SIGN _____ DATE _____