



## BIO-DATA DETAILS

AFFIX PASSPORT  
PHOTO HERE

Dear Sir/ Madam

We are in the process of updating our management information system and in order to comply with the law and KYC principles we are required to update all member's bio data. We therefore ask for your cooperation during this process. Be assured that the information is not for public consumption and steps are in place to ensure it remains private.

Below is the form we require you to fill.

**(All fields are mandatory unless otherwise stated)**

CHUNA MEMBER NO		ID No./PASSPORT No.
DATE		
PAYROLL NO	Primary phone	
NAME (SURNAME FIRST)	<b>CHUNA DT SACCO LTD</b>	
Campus and Department	<i>"The University Sacco"</i>	
Email		
Date of month (dd/mm/yyyy)		Gender
Membership type (individual, corporate, welfare, joint)		
County		Nearest Town
Postal Address with Postal Code		
Employer's Name		

**Sign in the box below:**

SIGNATURE	SIGNATURE CONFIRMATION

**Please attach two photos of your ID copy (both front and back)**

**Next Of Kin Details (Have as many copies as the number of next of kin)**



	Kin One	Kin Two
ID NO(Optional)		
Name		
Relationship		
Postal Address (without code)		
Phone(optional)		
Nearest Town		
Postal Code(only)		

### **Dependents**

Required for the purpose of insurance compensation upon demise of spouses and children aged 21 years and below.

No	Name	Gender	Date of birth (dd/mm/yyyy)	Relationship
1				
2				
3				
4				
5				
6				

### **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					