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**MEMBERSHIP UPDATE FORM**

Date:…………………………………….

I………………………………………………………. Member No. ………………………. ID No. ……………………………….

Institution:……………………………………………….. Home Village:……………………………………………..

Sub Location:…………………………………………… Location:……………………………………………………..

Sub-County:………………………………………………. County:…………………………………………………………

Date of Birth:……………………………………………… Marital Status:………………………………………………..

Phone Contact:…………………………………………… Occupation:…………………………………………………….

E-mail Address:…………………………………………… Address:…………………………………………………………

Applicants Signature:……………………………………………..

**NEXT OF KIN DETAILS**

1. Name:…………………………………………….. ID No:…………………………….. Relationship:…………………………

Phone Contact:…………………………………….

1. Name:…………………………………………….. ID No:…………………………….. Relationship:…………………………

Phone Contact:…………………………………….

1. Name:…………………………………………….. ID No:…………………………….. Relationship:…………………………

Phone Contact:…………………………………….

1. Name:…………………………………………….. ID No:…………………………….. Relationship:…………………………

Phone Contact:…………………………………….

**FOR OFFICIAL USE**

Update Approved/Not Approved………………………………………

**OFFICER’S NAME………………………………… SIGN…………………………… DATE…………………………..**

**NB: ATTACH A PHOTOCOPY OF YOUR NATIONAL ID.**