



MWITO D.T. SACCO LIMITED
P.O BOX 56763 - 00200 NAIROBI.
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Email: info@mwitosacco.coop
website: www.mwitosacco.coop

DEPOSIT REFUND UPDATE FORM

I Mr./Mrs./Miss: _____
PF No.: _____ Mno.: _____ EMAIL: _____
ID No: _____ TEL.(CELL) PHONE: _____

PHYSICAL ADDRESS

Address: _____ Code: _____ Town: _____

Do hereby declare the underlisted as members of the next of kin for purposes of the deposit refund.

NO.	<u>Next of Kin</u> Name:	<u>ID</u> Number	<u>Phone number</u>	<u>Relationship</u>	<u>Date of Birth</u>	(%)
1.					__/__/__	
2.					__/__/__	
3.					__/__/__	
4.					__/__/__	
5.					__/__/__	
6.					__/__/__	
7.					__/__/__	
8.					__/__/__	
9.					__/__/__	
10.					__/__/__	

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by Mwito Sacco Ltd for the purposes of assessing and processing this application and it's future analysis whether in electronic or other form.

Member's Signature: _____ DATE: __/__/____

FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is updated correctly:

Authorized by: _____ Date: __/__/____

Updated by: _____ Sign: _____ Date of Update: __/__/____

Confirmed by : _____ Sign: _____ Date of confirmation: __/__/____