



Azima Sacco
YOUR GROWTH. OUR COMMITMENT

P.O BOX 1124-01000, THIKA; TEL 0714 479 004

EMAIL: info@azimasacco.co.ke, www.azimasacco.co.ke

PHOTO

PERSONAL DETAILS FORM

SURNAME	OTHER NAMES

DATE OF BIRTH (DOB)

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ID/PASSPORT

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MARRIED:

☐

SINGLE:

☐

EMPLOYMENT STATUS

EMPLOYED:

☐

SELF EMPLOYED:

☐

PERMANENT ADDRESS: _____

NATIONALITY: _____

POSTAL CODE: _____

COUNTY: _____

TOWN/CITY: _____

SUB-COUNTY: _____

MOBILE PHONE NO: _____

KRA PIN: _____

EMAIL ADDRESS: _____

MEMBER NO: _____

ACCOUNTS DETAILS:

A/C

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SIGNATURE: _____

I wish to nominate the following, that in the event of death/insanity or incapacitation, to be paid any dues owed to me less any indebtedness owed by me to the society and distribute the same in percentage as indicated below:

NO	BENEFICIARY	RELATIONSHIP	ID-NO/BIRTH CERTIFICATE	CONTACT	%NTAGE
1					
2					
3					
4					
5					
6					
7					
	TOTAL				

I hereby agree to abide by the By-Laws and/or amendments thereof of Azima Sacco Society Limited and that this information is true to the best of my knowledge and belief. This nomination supersedes any other nomination done before this Day _____ Month _____ Year 2 _____

FOR OFFICIAL USE ONLY:

CHECK LIST

☐ ID-COPY/BIRTH CERT

☐ PASSPORT PHOTO

☐ KRA PIN

☐ N.O.K DOCS

Customer information checked and verified bySign..... Date.....

Data Captured by: Sign Date

APPROVED BY: _____ DESIGNATION: _____ DATE: _____