



# Concorde Regulated Non-WDT Sacco Society Ltd

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## Information Change Form

Full Name of Member (As per the ID-CARD)

Tel/Mobile

Email

Nationality

Membership No

Name/ Address of Employer or Company Name if self Employed.

### Residence

Estate/Area

Road

House/Plot No

Town

### Permanent Address(Rural)

P.O Box

Town

Nearest Landmark (School, Market)

### Next of kin Information (To be Contacted In case I am Unavailable)

FULL NAMES	ID Number	Email Address	Relationship	Telephone Number

### Beneficiary Nominee information

Name	ID / No	Relationship	Contacts Address/Tel	Date of Birth	%Share

I wish to change my contribution

From Ksh

To Ksh

Effective from the 1st day of

Year

I wish to change Bank Details to

Bank Name

Account Name

Account Number

Branch

Member Declaration

**Declaration**

I .....of ID No.....hereby declare that the above-mentioned information is accurate to the best of my knowledge and belief.

**Signature:** ..... **Date:** .....

**We recommend that you update the above details at least once a year.**

For Official Use Only

**For official use only**

Membership number .....

Date of reception of instruction .....

Name of receiving officer .....

Position in society .....

Signature of receiving officer.....