



MEMBER DETAILS AMENDMENT FORM

TO BE COMPLETED IN BLOCK LETTERS

SELF-HELP GROUP NAME: DATE:

SECTION I: APPLICANT'S DETAILS

MEMBER NAME:		MEMBERSHIP NO:
ID/PASSPORT NO.:	ADDRESS:	
TELEPHONE:	E-MAIL ADDRESS:	

SECTION II: PRIMARY DETAILS FOR AMENDMENT

I hereby request the amendments indicated below on my account.

TICK	AMENDMENT	PREVIOUS (OLD) DETAILS	NEW DETAILS (TO BE ADOPTED)
☐	Name**		
☐	ID/Passport Number**		
☐	Physical Address		
☐	Date of Birth		
☐	Telephone Number		
☐	E-mail Address		
☐	Religion (Catholic/Pentecostal/Muslim)		
☐	Gender		
☐	Others		

***Please attach a copy of Identification Documents (e.g. birth certificate, national ID, or passport) if your Name, ID, or passport number has changed.*

SECTION III: NEXT OF KIN DETAILS FOR AMENDMENT

TICK	AMENDMENT	PREVIOUS (OLD) DETAILS	NEW DETAILS (TO BE ADOPTED)
☐	Name**		
☐	Relationship		
☐	ID Number**		
☐	Telephone Number		

***Please attach a copy of Identification Documents (e.g birth certificate, national ID or passport) if the next of kin's Name, ID, or passport number has changed.*

SECTION IV: BENEFICIARY DETAILS FOR AMENDMENT

	Full Name**	Relationship	Phone Number	ID Number**	Date of Birth	Percentage Allocation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

***Please attach a copy of Identification Documents (e.g. birth certificate, national ID, or passport) if the beneficiary's Name, ID, or passport number has changed.*

Kindly indicate why you want to amend your details:

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SECTION V: DECLARATION

☐ I declare that the information provided in this form is complete and correct. Where applicable I have attached the required supporting documents

MEMBER'S SIGNATURE

MEMBER NAME:

SIGNATURE: DATE:

WITNESSED BY (*a person well known to the member*):

NAME:

ID NUMBER: PHONE NUMBER:

SIGNATURE : DATE:

FOR SELF-HELP GROUP OFFICIAL USE ONLY

CHECKED BY:

NAME: DESIGNATION:

SIGNATURE: DATE:

AUTHORISED BY:

NAME: DESIGNATION:

SIGNATURE: DATE:

AMENDED BY:

NAME: DESIGNATION:

SIGNATURE: DATE: