

KNOW YOUR CUSTOMER UPDATE FORM (KYC)

BRANCH/SATELITE: _____

DATE: _____

BASIC PERSONAL INFORMATION

CUSTOMER NAME			
SACCO NUMBER		EMPLOYMENT NUMBER	
DATE OF BIRTH	GENDER (CIRCLE)		PHONE NUMBER (S)
	M	F	

PERMANT ADDRESS

EMPLOYERS NAME/ WORK STATION	ADDRESS
EMPLOYMENT START DATE	MONTHLY INCOME

CONTACT DETAILS

NATIONALITY	ID TYPE	ID NUMBER	EXPIRY DATE
OCCUPATION DETAILS			
TELL/CELL PHONE			
EMAIL ADDRESS/FAX			
RESIDENTIAL ADDRESS	AREA	NEARBY FEATURE	HOUSE NUMBER

HOME VILLAGE	VILLAGE	T/A	DISTRICT

NEXT OF KIN

NAME	RELATIONSHIP	OCCUPATION	GENDER	PHONE NUMBER

UTILITY BILL ACCOUNT	
ESCOM	
WATER BOARD	
OTHER (SPECIFY)	

MAP SKETCH

SIGNATURE SPECIMEN

Official use only

Checked by :	Signature	Date
Approved by:	Signature	Date