



## Know Your Customer (KYC) Details Update Form

(To be completed by existing members of AHL SACCO)

Date: \_\_\_\_\_

### PERSONAL DETAILS

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Employment No: \_\_\_\_\_

Company: \_\_\_\_\_

Occupation(Job Title):  
\_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin Phone: \_\_\_\_\_

Beneficiary/Nominee(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beneficiary Relationship:	Beneficiary Percentage
_____	_____
_____	_____
_____	_____
_____	_____

Physical Address:  
\_\_\_\_\_

Contact Address:  
\_\_\_\_\_

Cell/Telephone Number(s):  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

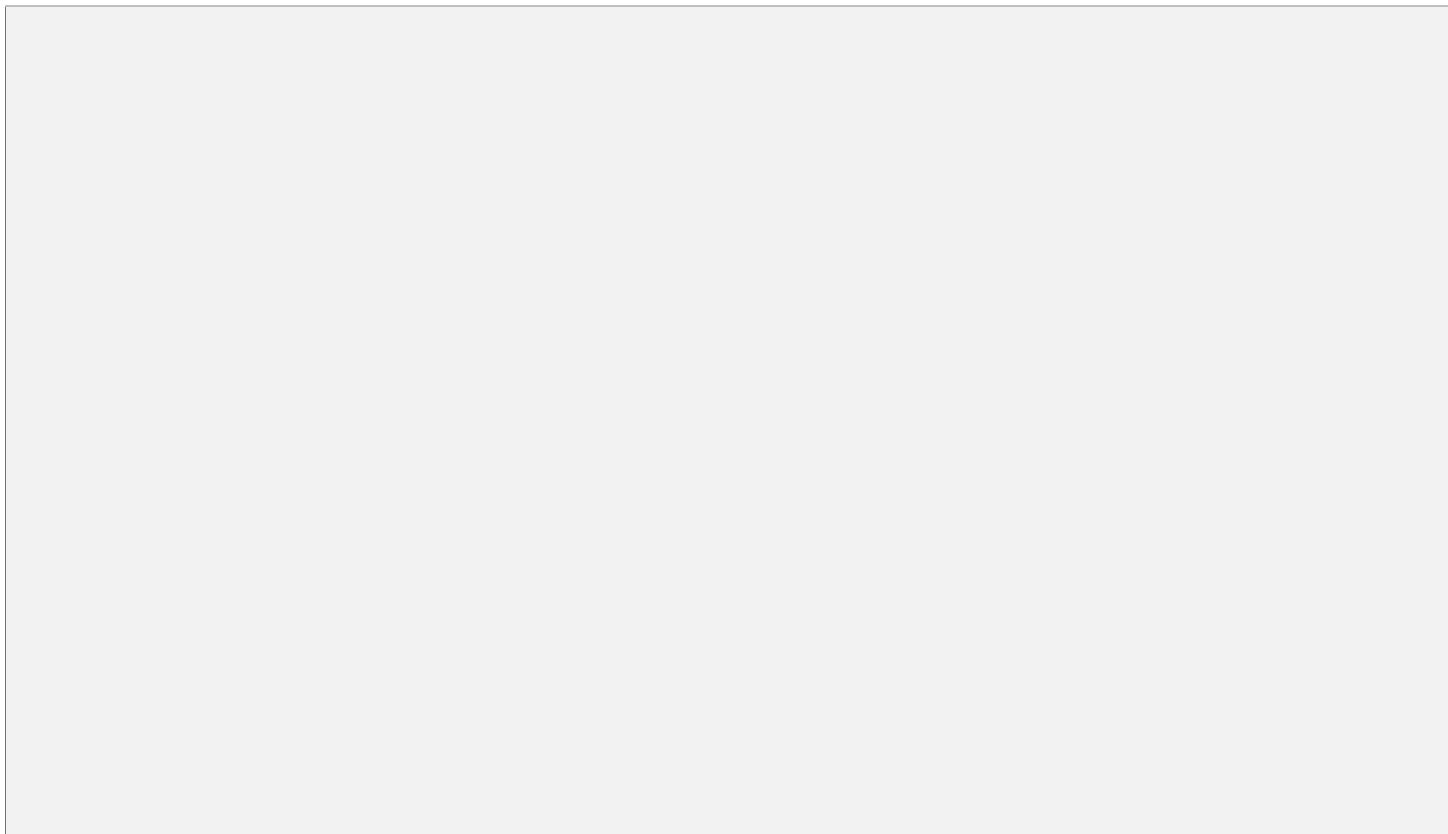
### UTILITY BILL ACCOUNT NUMBER

<b>Water Board</b>	_____
<b>ESCOM</b>	_____
<b>Other</b>	_____

### IDENTITY DETAILS

Name	ID Type	ID Number	Expiry Date
_____	_____	_____	_____

**SKETCH MAP OF PLACE OF RESIDENCE**



**BANK DETAILS**

Account Name	Bank Name	Branch	Account Number

Member's Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICIAL USE**

	Name	Signature	Date
Amended in System By:			
Checked/Authorized By:			