



Easy Money

LIMBE LEAF EMPLOYEES SACCO

Know Your Customer (KYC) Details Update Form

(To be completed by existing members of Limbe Leaf Employees SACCO)

Date:

PERSONAL DETAILS

Surname: * _____ First name: * _____ Other Name: _____
(Dzina la Bambo) (Dzina lanu) (Dzina lapakati) (Tsiku Lobadwa)

*Marital Status: Married Single Divorced widow Gender: Male Female Date of Birth * _____

Literacy Level:

Number of House Members (Mumakhala anthu angati)
Number of Children (muli ndi ana angati)

*Company Number

*Employer

SACCO Book Number:

*Department:

*Occupation (Job Title)

*Next of Kin:

OTHER BENEFICIARIES FULL NAMES (Odyelera Ndalama Zanu inu Mutafa)	RELATIONSHIP (Ubale wanu)	SHARE % (Mapelesenti)
2.		
3.		
4.		
5.		

*Physical Address : (komwe Mukukhala)

*Contact Address: (Adilesi Yanu)

*Cell/Telephone Number(s): (Nambala Yanu Ya lamYa)

(Ngati muli Mzika Ya Malawi Chongani mu Kabokosimo: Ngati simuli Mzika ya Dziko Lino Lembani Dziko lanu pakanzerepo)

Email: _____

Nationality: Malawian Other _____

UTILITY BILL ACCOUNT NUMBER

Water Board	
ESCOM	
Other	

IDENTITY DETAILS

Name (Dzina lanu lomwe lili pa Chiphaso)	ID Type (Mtundu wa Chiphaso)	ID Number (Namabala Ya Chiphaso)	Expiry Date (Tsiku Lothera Chiphaso)

**(Mapu akomwe mukukhala)*

SKETCH MAP OF PLACE OF RESIDENCE

BANK DETAILS

Account Name <i>(dzina lomwe munatsegulitsira account yanu)</i>	Bank Name	Account Type		Branch	Account Number
		Savings	Current		

Member's Name:
**(Dzina lanu lonse)*

Signature: **(Musayine apa)*

FOR OFFICIAL USE *(Posayina Ogwira ntchito ku SACCO)*

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