

## LAPTRUST

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## MEMBER BIO DATA DETAILS UPDATE FORM

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_ I/D NO: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Details to be updated

a) Change of name (attach copy of affidavit/ID)

Old name: \_\_\_\_\_

New name: \_\_\_\_\_

b) Change of Contact

Old Contact (Phone/Email): \_\_\_\_\_

New Contact (Phone/Email): \_\_\_\_\_

c) Change of Residence

	Old	New
County	_____	_____
Sub County	_____	_____
Location	_____	_____

d) Beneficiary Details

Name	Date of Birth	Gender	Phone Contact	Email Address

Attach Copy of ID /birth certificate for minors

Member: \_\_\_\_\_ Witness: \_\_\_\_\_

ID No: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

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

I confirm that the information provided above is true, correct and accurate. I understand this form nullifies any previous information completed and submitted to the administrator.