

SALIH

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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.