

Ulinzi House, Lenana Road.
 P.O. BOX 40668 -00100,
 Nairobi, Kenya.
 Customer care Tel: 0205134900
 ☎ 0793 281989 FOSA Tel: 0205134911
 Email:contactus@defencesacco.com
PAYBILL: 907116



MEMBER ACCOUNT DETAILS VARIATION FORM

(ALL FIELDS MARKED IN ASTERIKS ARE MANDATORY)

1. PERSONAL DETAILS CHANGES (BLOCK LETTERS) *

Name in full: * M/No: *
 Service Number: * National ID No: * Service/Fmn/Unit: *
 Mobile Number: (OLD)..... Mobile Number: (NEW).....
 Email Address: (OLD)..... Email Address: (NEW).....

2. NOMINEE (S)*

I the undersigned in the event of my death whilst a member of the society hereby instructs the society to pay all amounts due to me (benefits and benevolent fund), less my debts to the society, to the person(s) named in this section. I understand that I may alter the name(s) of the Nominated Beneficiary(s) by filling a fresh nomination form.

N/B: if more than one nominee is listed, please indicate the percentage to pay each of them.

S/NO	Full Names	Relationship To Member	Allocation (%)	ID No	Contacts

Kindly provide Guardian details if the Nominee(s) are below 18 years old.

Name: ID No: Mobile No:

Indicate use of funds for nominee(s) below 18 years **(Tick appropriately)**

School Fees Paid to Guardian Beneficiaries (held in trust by DESACCO until nominee turns 18 years old)

Others (Specify)

3. DESACCO BENEVOLENT FUND NOMINEE (S) DECLARATION

S/NO	ID Number/ M/NO	Full Names	Category	Date Of Birth
			SPOUSE	
			FATHER	
			MOTHER	
			CHILDREN (list all the children)	

Kindly visit website www.defencesacco.com to read on DESACCO benevolent fund.

4. DEPOSITS VARIATION

Adjust my deposit contribution from Kshs: To KShs:

Per month with effect from: ____/____/____

5. ACCOUNT TYPE CHANGES

I hereby request you to change my account from a NORMAL ACCOUNT/SHARIA ACCOUNT to NORMAL ACCOUNT/ SHARIA ACCOUNT and agree to abide by the by-laws and/or any other amendments made thereof with effect from

(SHARIA COMPLIANT ACCOUNTS EARN ZERO DIVIDENDS AND ZERO INTEREST ON DEPOSITS)

6. CHANGE OF SIGNATURE

Signature specimen:

7. DECLARATION*

I hereby agree to abide by the By -laws and /or any other amendments thereof in the Defence Savings and Credit Cooperative Society Limited. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society’s By-laws and the Laws of Kenya.

Signature:

Date: ____/____/____

8. OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:			
Received by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____
Verified by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____
Approved by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____