



PUBLIC SERVICE SAVINGS AND CREDIT COOPERATIVE LIMITED

Member Data Amendment (MDA) Form

Part 1: Member Personal Details

Full Name	Surname	Middle Name	First Name
Sacco Membership No.	1234567890	Cell Phone No.	1234567890
Date of Birth	DD/MM/YYYY	NRC No.	1234567890
Marital Status	Single/Married/Divorced/Widowed	Gender	Male/Female
Home Address			
Postal Address	1234567890, ABDC	Email Address	

Part 2: What would you like to amend? (Tick All Applicable)

2.1	Monthly Savings Amount/Remittance Method	✓
2.2	Monthly Share Purchase Amount/Remittance Method	✓
2.3	Guarantor Substitution	✓
2.4	Nominees	✓
2.5	Loan Repayment Amount (Increase only)	✓
2.6	Loan Tenure (Reduction Only)	✓
2.7	Employer Details	✓
2.8	Contact Details	✓

Part 3: Amendments Requested (Please fill all applicable)

3.1 Monthly Savings

Current Monthly Savings (K)	New Monthly Savings (K)	Effective Date

Remittance Method (Tick)

Current Remittance Method		New Remittance Method	
Payroll		Payroll	
Bank Standing Order		Bank Standing Order	
Cash Deposit		Cash Deposit	

3.2 Monthly Share Purchase Amount

Current Monthly Share Purchase (K)	New Monthly Share Purchase (K)	Effective Date	For how many months?

Monthly Share Purchase Remittance Method

Current Remittance Method		New Remittance Method	
Payroll		Payroll	
Bank Standing Order		Bank Standing Order	
Cash Deposit		Cash Deposit	

3.3 Guarantor Substitution

I _____, (Sacco Membership Number _____) having knowledge and accepted that I guarantee the loans obtained by the underlisted members, and now being unable to offer continued guarantee and security offer the underlisted members as substitute for my guarantee and security. In committing their signature(s) voluntarily as shown hereafter, they have fully, satisfactory and legally discharged me from any liability pertaining to the loan(s) which I had guaranteed.



SN	NEW GUARANTOR DETAILS						LOANEE DETAILS			
	New Guarantors' Name	Loans Outstanding (K)	Savings (K)	PS - Sacco Membership Number	Cell Number and Email address	Signature	Loanee Name	Loan Balance (K)	PS - Sacco Membership Number	Cell Number and Email address
1										
2										
3										
4										
5										
6										
	TOTALS									

3.1 Nominees

I, the undersigned, in the event of my death whilst a member of the Sacco, hereby instruct the Sacco, to pay all amounts due to me, to the person(s) named in this section. This information supersedes any other list of nominees previously submitted by me.

Name	NRC/Passport No.	Relationship	Contact Cell No.	Date of Birth	Percentage (%)	Guardian for Minors

3.2 Loan Repayment Amount (Increase only)

Current Monthly Repayment (K)	Tenure	New Monthly Savings (K)	Tenure	Effective Date

3.3 Loan Tenure (Reduction Only)

Current Monthly Repayment (K)	Tenure	New Monthly Savings (K)	Tenure	Effective Date

3.4 Employer Details

Current Employer		New Employer	
Name		Name	
Postal Address		Postal Address	
Physical Address		Physical Address	
Telephone Number		Telephone Number	
Town		Town	

3.5 Contact Details

NEW /UPDATE CONTACT DETAILS	
Postal Address	
Physical Address	
Cell Phone Number	
Town	
Email Address	

Part 4: FOR OFFICIAL USE ONLY

MDA Form Received By (Name)	Signature	Date
MDA Approved By (Name)	Signature	Date
MDA Captured By (Name)	Signature	Date
System Approval By (Name)	Signature	Date
MDA Notification Confirmed By (Name)	Signature	Date