Dimkes DT Sacco
Your faithful financial partner!

INSURANCE DATA COLLECTION FORM

1. **Member Details:**

Name	Member no.	Branch	Phone Number

2. **Spouse Details**

Name	Phone Number	Date of Birth	ID Number

3. **Children Details (Biological Only)**

No.	Name	Gender	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Declaration

I, the undersigned, confirm that the information provided in this form is accurate to the best of my knowledge and give consent to Dimkes **Sacco Society limited** to use the above information as and when it sees it fit.

Member Signature: _____ **Date**: _____

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FOR OFFICIAL USE ONLY

I do hereby confirm that the above member has visited the branch and provided above information as requested. The information has been verified alongside copies of the national identification presented.

NB. Attach ID copy for both the member and spouse.

Staff Names _____ Designation_____

Date_____ Signature _____