Trans Nation Sacco Ltd.
Committed to serve

MICRO CREDIT DATA FORM

You must keep us updated on all the changes as they occur.

FILL IN CAPITAL LETTERS

- **Attach ID photocopy and one passport (coloured).**

GROUP NAME …….. REG. NO ……

PERSONAL INFORMATION

Name (Mr/Mrs/Miss)	**Home County:**
ID NO.:	**Division:**
Permanent Address:	**Location:**
Mobile No.:	**Sub-Location:**
Marital Status:	**Village:**
Name of Spouse: **ID No.:**	
Occupation:	
NEXT OF KIN DETAILS **Name:..... Relationship:.....** **ID No:.....Phone no:.....** **Address:.....**	
I certify that the information given above is true to the best of my knowledge. **Member sign …… Date ……**	
CERTIFIED BY GROUP OFFICIALS **Chairperson …… Secretary ……** **Treasurer ……....** **OFFICIAL USE ONLY** **CERTIFIED BY:** **MFO …… Sign …… Date ……** **Manager …….. Sign …… Date ……**	

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