



CHANGE OF SIGNATORIES FORM

To: The Manager

Date:

CORPORATE DETAILS

(Please complete this form in block letters)

Name of Organization: <input type="text"/>	Mem No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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At a meeting held on _____ day of _____ 20____. It was resolved that the officials be authorized to sign on behalf of _____.

Held in _____ office and shall sign in accordance with the current signing mandate in your possession.

All cheques other than orders for the payments or disposal of moneys , securities , whether the account be in credit or overdrawn shall be signed by the said incoming signatories and that you may consider them to be holding their respective offices until you receive further notice in writing rescinding the same. A copy of this resolution, together with specimen signatures and photos of officers empowered to sign hereunder is forwarded to the SACCO.

INCOMING SIGNATORIES (Cross Unutilized Spaces)

	Signature (Sign in box below)	Photo No./ Attach (Official Use Only)
1. Full Name: _____ Designation: _____ ID Number: _____ Mobile No.: _____ E-mail: _____	<input type="text"/>	<input type="text"/>
2. Full Name: _____ Designation: _____ ID Number: _____ Mobile No.: _____ E-mail: _____	<input type="text"/>	<input type="text"/>
3. Full Name: _____ Designation: _____ ID Number: _____ Mobile No.: _____ E-mail: _____	<input type="text"/>	<input type="text"/>
4. Full Name: _____ Designation: _____ ID Number: _____ Mobile No.: _____ E-mail: _____	<input type="text"/>	<input type="text"/>

NB: Outgoing Signatories to sign overleaf

Continued...

(Please complete this form in block letters)

5. Full Name: _____
 Designation: _____
 ID Number: _____
 Mobile No.: _____
 E-mail: _____

6. Full Name: _____
 Designation: _____
 ID Number: _____
 Mobile No.: _____
 E-mail: _____

NB: If signatories are more than the provided spaces attach another form and affix signatures and photos accordingly

Signing instructions: All Any Two Any Three Others: Specify: _____

OUTGOING SIGNATORIES (Cross Unutilized Spaces)

Signature

(Sign in box below)

1. Full Name: _____
 Previous Designation: _____
 ID No.: _____
 Mobile No.: _____

2. Full Name: _____
 Previous Designation: _____
 ID No.: _____
 Mobile No.: _____

3. Full Name: _____
 Previous Designation: _____
 ID No.: _____
 Mobile No.: _____

4. Full Name: _____
 Previous Designation: _____
 ID No.: _____
 Mobile No.: _____

5. Full Name: _____
 Previous Designation: _____
 ID No.: _____
 Mobile No.: _____

OFFICIAL USE ONLY

KYC Checklist Confirmation: Mem No. A/C Name Signatures ID No. Introduction Letter (where applicable)

Contact Details have been updated at the satellite office

	NAME	SIGNATURE	DATE
Checked By:			
Confirmed By:			
Authorized By:			
Approved By:			
SACCO Manager			