



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**