



MEMBER INQUIRY FORM

Nairobi:

Ukulima Co-op House; P.O. Box 44071 - 00100 Nrb; Tel: +254-20-2785000, Cell: 0720-179991, 0721-611161

Mombasa:Bahman Trust Bldg,
Mikindani Street,
P.O. Box 86051-80100 Msa,
Tel: 020-2785250,
041-2616972, 041-2312444.**Kisumu:**United Mall,
Ground Flr, Wing A,
P.O. Box 1378-40100 Ksm
Tel: 020-2785400,
057-2020169**Eldoret:**Sirikwa Hotel Bldg,
P.O. Box 6703-30100 Eld,
Tel: 020-2785200,
053-2032346**Embu:**Eastern Emporium Bldg,
Kenyatta Avenue,
P.O. Box 992- 60100 Embu.
Tel: 020-2785300**Nakuru:**KFA Building,
Geoffrey Kamau Way,
Tel 020-2785350**Kakamega:**AFC Building, Kisumu Rd,
Opp. Huduma Centre**Kisii:**Mocha Place,
Kisii-Ksm Highway,
Tel: 020-2785450**Meru:**Green wood city mall,
Mwendatu Road.
Tel: 020 27858700

PART A. MEMBER DETAILS

Member Name

ID/Passport No. of Member:

Member Mobile No.

Employer of Member

Nature of Inquiry (Refunds, Loans, Benevolent, Dividends etc)

DESCRIPTION OF INQUIRY:

.....

.....

.....

.....

PART B. DELEGATES DETAILS

Delegates Name Branch

Delegates SignatureDate.....

PART C. OFFICIAL USE

1. Addressed by:

Staff Name..... Signature

2. Inquiry Status (tick appropriately)

 Resolved Escalated to