

Shirika Deposit Taking, Savings and Credit Cooperative Society Limited

Tel: 0734 897 817 / 0724 610 715

Our Ref: SHIRIKA.....

Your Ref:.....

All Communications and inquiries
to the Chief Executive Officer.



SHIRIKA CO-OP HOUSE, 1st FLOOR
KIPANDE/NGARA ROAD
P.O. BOX 43429 - 00100 NAIROBI
Email: info@shirikasacco.co.ke
Website: www.shirikasacco.co.ke

Date:..... **RE: REQUEST FOR INFORMATION.**

Dear Shirika member, the society is currently upgrading the core banking system and we request you to update data by filling the form in this link <https://rb.gy/gzsiph> for us to get the most resent and accurate data. You can as well fill the details below and send through the society's email; info@shirikasacco.co.ke

1. State your Full names as per the ID card:

2. State your ID No:

3. State your KRA Pin Number:

4. State your member number:

5. State your payroll number if in formal employment:

Data Protection Statement

The information that you provide on this form and that is obtained from other relevant sources will be used to process your application. We may check the information collected with third parties or against other information held by us. We may also use this information if there is a complaint or a legal challenge relevant to Shirika processes. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds or in other ways as permitted by law. By signing the application, we will assume that you agree to the processing of sensitive personal data. The personal information that you provide will also be used lawfully and in accordance with our Shirika Data Protection Policy and Data Protection Act, 2019.

Signature _____ Date _____