

MOBILE/ USSD SERVICE APPLICATION FORM



BRANCH:

DATE:/...../.....

MEMBER ACCOUNT INFORMATION

Name			
	<i>Surname</i>	<i>First Name</i>	<i>Other</i>
National ID		Sacco No	
Personal Mobile Number		Postal Address	
Email Address			

Mobile Phone Number to be registered (Safaricom line)

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Services Offered:

- Account Balance Enquiry
- Mini-statement
- Airtime purchase
- Funds transfer
- M-pesa transactions
- Paybills
- Credit/Debit Alerts
- Cheque Maturity
- Other Notifications

ACCESS DETAILS

1.	Account Name																			
2.	Account Type																			
3.	Account Number																			

*Your Mobile banking PIN will be sent to your mobile phone upon subscription.

DECLARATION AND SIGNATURE:

I/We declare that the information provided herein is true and correct. In case of misrepresentation(s), I/We accept full responsibility of all the consequences arising thereof. I/We agree to keep my/our account information up to date and accurate. I/We agree to take precautions to ensure the safety, security and integrity of my/our account and transactions when using this service. If I/We permit other persons to use my/our device, log-in information, or other means to access this service; I/We are fully responsible for any transactions arising thereof. I/We hereby indemnify the Sacco against all losses that may incur as a result of my/our use of this service. I/We further accept and agree that I/We are liable for all charges incurred through the use of this service. I/We accept and agree to be bound by the Terms and Conditions.

Name..... Signature Date

OFFICIAL USE

Signature & Account details verified by: (Name) (Sign) (Date)

Enabled for M-banking by: (Name) (Sign) (Date)