



## M-SACCO MOBILE BANKING APPLICATION FORM

DATE.....

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

### PERSONAL DETAILS

Full Name.....

Applicants ID NO..... Pin Number.....

Employment Number..... Membership Number.....

Mobile Phone no(s)..... (Safaricom Number ONLY)

Email Address.....

I want to use M-SACCO on the following menu accounts:

<input type="checkbox"/>	• Savings Withdrawal
<input type="checkbox"/>	• Loan Repayment
<input type="checkbox"/>	• LOAN REQUEST
<input type="checkbox"/>	• DEPOSIT
<input type="checkbox"/>	• Balance Enquiry
<input type="checkbox"/>	• AIRTIME PURCHASE
<input type="checkbox"/>	• UTILITY PAYMENT
<input type="checkbox"/>	• Information
<input type="checkbox"/>	• Sacco Payments

Please attach a copy of your national identification card. You MUST be registered with M-PESA to use the M-SACCO Service

(\*346#) is charged and this amount shall be deducted from your account each time an SMS is sent.

### Declaration by the Applicant:

I hereby apply for M-Sacco solution. I warrant you that the information given above is true and complete and I authorize you to make any inquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that I am liable for charges incurred through the use of this Facility. I hereby indemnify the Sacco against all losses that they may incur as a result of my use of the facility. I understand that the Sacco reserves the right to decline the application without giving reasons.

Applicants ID NO..... Signature:.....

### FOR OFFICIAL USE ONLY

Verified By: \_\_\_\_\_ Date :Verified: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_