TRANS NATIONAL TIMES
P.O. BOX 2274-30200 Tel: 054-31413,
Teachers Plaza, First FloorCell: 0712585874
Next to Divisional Police Headquarters
Kitale, Kenya
FORM: TNT 9

SACCO SOCIETY LTD

Fax: (+254-054)
Email: tntsacco@yahoo.com

MOBILE BANKING APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Branch: _____ **Date:** _____

Surname _____

First Name _____

Middle Name _____

Applicant's ID No._____

Mobile Phone No(s):

0	7									

0	7									

Account Number:

5	-	0		-							-	0	1

Sacco Link Card Number: _____

Are you registered on M-Pesa? Yes ☐ No ☐

Are you registered on Zap? Yes ☐ No ☐

Declaration by the applicant:

I hereby apply for Mobile Banking Trans National Times SACCO Society Ltd. I warrant you that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Conditions of use. I agree I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco and their Agents 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 Signature(s):_____ **Date:** _____

For official use

Sacco: **Registered by:** _____ **Approved by:** _____

Verified by: _____ **Approved by:** _____

Date: _____ **Sacco Stamp:** _____