



THAMANI SACCO SAVINGS AND CREDIT SOCIETY LTD

P O BOX 467, Tel: 064 -630545, CHUKA, MERU SOUTH Email: nithitea@yahoo.com.,
info@thamanisacco.or.ke

MOBILE PHONE BANKING APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Branch: _____ Date: _____

Surname _____

Other names _____

Applicant's ID No. _____

Mobile Phone No(s):

1.

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 2.

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Account Number: _____

Services Available

- Password Change
- Bank to M-Pesa

Declaration by the applicant:

I hereby apply for Mobile Phone Banking Facility from Thamani sacco ltd . I warrant you that the information given above is true and complete and I authorise 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 that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Bank against all losses that they may incur as a result of my use of the facility. I understand that the Bank reserves the right to decline the application without giving reasons.

Applicants Signature (s): _____ Date _____

For official use

Sacco: Verified by: _____ Approved by: _____

Date: _____ Sacco Stamp _____

CONDITIONS OF USE.
MOBILE PHONE BANKING