



Ammar Sacco Society Ltd
We cater for growth

Ammar SACCO Society LTD -FOSA

P.o Box 6957-01000 Thika, Tel: 0711431590
Elica Plaza, Kwame Nkrumah Rd.
Email: info@ammarsacco.co.ke website: www.ammarsacco.co.ke

MOBILE BANKING REGISTRATION FORM

Full Names: _____

National ID No: _____ P/No: _____ ACC/No: _____

Mobile Phone No: (Safaricom): _____

Mobile Phone No: (other): _____

Email Address: _____

Next of kin name _____ Phone _____

Daily limit requested Kshs.....(Words).....

Services Include: Cash Withdrawal, Cash Deposit, Funds Transfer, Account Balances and Statements.

TERMS AND CONDITIONS FOR THE OPENING AND USE OF MOBILE BANKING SERVICES

I am the legal owner of the Account and hereby take responsibility for any financial information which may be accessed via Mobile Banking. For the purpose of using Mobile Banking I agree not to misrepresent my identity or my account information. I agree to keep my account information up to date and accurate.

User Security. I agree to take every precaution to ensure the safety, security and integrity of my Account and transactions when using Mobile Banking. If I permit other persons to use my device, log in Information, or other means to access Mobile Banking, I am fully responsible for any transactions they authorize and we will not be liable for any damages.

Applicants Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Verified/Captured By: _____ Signature and Date: _____

Approved By: _____ Signature and Date: _____