



TELEPOST SACCO SOCIETY LIMITED

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TELEPOST MEMBERS PORTAL APPLICATION FORM

PF Number.....

APPLICANT'S FULL NAME.....DATE.....

POSTAL ADDRESS:.....CODE:.....TOWN:.....

E-MAIL ADDRESS:..... D.O. B (dd/mm/yy).....

MOBILE NUMBER:.....Signature.....

Next of Kin Details;

CONTACT PERSON NAME:.....

E-MAIL ADDRESS:.....

RELATIONSHIP:..... ID NUMBER:.....

Mobile number.....

Sacco Account to Be Linked

FOSA ACCOUNT NUMBER:.....

Declaration by the applicant:

I hereby apply for Members Portal in TELEPOST SACCO 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 that I am liable for all charges incurred through the use of this service. 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

Applicant's ID No.....Signature.....

SACCO OFFICIAL USE:

Input by Name.....Signature & Date:.....

Verified by Name.....Signature.....