



TELEPOST SACCO SOCIETY LIMITED

P.O BOX 49557-00100

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TELEPOST M-BANKING APPLICATION FORM

PF Number.....

APPLICANT'S FULL NAME:

DATE.....POSTAL ADDRESS: CODE:

TOWN: E-MAIL ADDRESS:

D.O.B (DD/MM/YY)MOBILE NUMBER:

Next of Kin Details;

CONTACT PERSON NAME:

E-MAIL ADDRESS:

RELATIONSHIP: ID NUMBER:

TEL:

Sacco Account to Be Linked

FOSA ACCOUNT NUMBER:

Declaration by the applicant:

I hereby apply for M-Banking Service 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 rights to decline the application without giving reasons

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

SACCO OFFICIAL USE:

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

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