

KENVERSIY SACCO SOCIETY LIMITED



Address: P. O Box 10263 – 00100
Tel: 020 8002371/2
Cell: 0715 114454 / 0736 710906
Website: www.kenversitysacco.co.ke
Email: info@kenversitysacco.co.ke

MOBILE BANKING APPLICATION FORM

Date:/...../.....

Full Names.....

Applicant’s ID/ Passport No. (MUST ATTACH COPY OF ID / PASSPORT)

Membership Number: Personal File Number.....

Employer: FOSA Account No.

Safaricom Cell Phone Number (MPESA REGISTERED NUMBER):

Other Registered Cell phone numbers that can deposit money into my account:

1. 2.:

DECLARATION BY THE APPLICANT:

- 1) I authorize Kenversity Sacco limited to issue me with M-banking credentials and warrant that the information given above is true and complete.
- 2) I authorize the Society to make any necessary enquiries in connection with the application.
- 3) I accept and agree to be bound by the conditions of use.
- 4) I agree that I am liable for all charges incurred through the use of this service.
- 5) I hereby indemnify Kenversity Sacco against all losses that they incur as a result of my use of the facility.

I understand that Kenversity Sacco reserves the right to decline the application without giving reasons to the extent permitted by law.

Applicant’s Signature(s): **Date:**

FOR OFFICIAL USE:

Received by: Signature: Date:

Approved\Verified by: Signature: Date.....

Activation by: Signature: Date: