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MUDETE FACTORY TEA GROWERS SAVINGS AND CREDIT CO-OP. SOC. LTD.

P.O. BOX 221-50104 KHAYEGA, TEL. 0791331932 / 0794515407

MOBILE BANKING APPLICATION FORM

Customers information

Please fill in the information	n below	
I undersigned hereby apply to	o open mobile banking account to styl	e as follows:
APPLICANTS SIR NAME:		
APPLICANTS OTHER NAM	MES:	
PHONE NUMBER:		
NATIONAL ID. NO:		
ACCOUNT NUMBER:	MN0	0
PERSONAL/MDNO:		
P.O BOX:		
COUNTY:		
SUB-COUNTY:		
BASE:		
<u>Declaration</u>		
of the SACCO mobile banking	nat this mobile banking account shall lang and hereby indemnify the SACCO of the account being closed without no	at my cost against any loss in-
Your faithfully;		
Full Name(s):	Signature:	Date:
Witness(s):	Signature:	Date:
For official use only		
Checked by:	Recommend/Not Recommended by:	
Designation:		Date:
Approved by:	Signature:	Date:

Attach the following documents

1. National Identity card (Photocopy)