

TRANS NATIONAL TIMES

P.O. BOX 2274 - 30200

Teachers Plaza, First Floor

Next to Divisional Police Headquarters

Kitale, Kenya.

**SACCO SOCIETY LTD**

Customer service No:0111050510

Website: www.tntsacco.co.ke

Email: info@tntsacco.co.ke

FORM: TNT 44**PAYBILL NO: 533888 ACCOUNT NO: WRITE YOUR ID NUMBER****MOBILE PHONE BANKING APPLICATION FORM
PLEASE COMPLETE DETAILS IN CAPITAL LETTERS**

Branch: _____ Date: _____

Surname _____

First Name _____

Middle Name _____

Applicant's ID No. _____

Mobile Phone No(s):

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Account Number: _____

SaccoLink Card Number: _____

Are you registered on M-Pesa, Yes (Y) / No (N)?

Are you registered on Zap, Yes (Y) /No (N)?

Services Available

- Banking-Balance Enquiry, Ministatement & Password Change
- Alerts (activating or deactivating) –e.g. Salary alerts, Large debits/credit alerts)
- Airtime purchase
- M-Pesa

Declaration by the applicant:

I hereby apply for SaccoLink Mobile Phone Banking Facility from the Co-operative Bank of Kenya Limited. 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 I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco and their Agents 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.

Applicants Signature(s): _____ Date: _____

For official use

Sacco: Verified by: _____

Approved by: _____

Verified by: _____

Approved by: _____

Date: _____

Sacco Stamp: _____