



SKYLINE SACCO SOCIETY LTD

P.O BOX 660-20103, ELDAMA RAVINE TEL 0717 594 338 / 0717 594 084 / 0705 450 369

Email: info@skylinesacco.com

Website: www.skylinesacco.com

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SKY CHAPAA APPLICATION FORM

- ☐ New Application ☐ PIN Reset ☐ Channel Renewal ☐ Channel Delinking
☐ Channel Stoppage ☐ Change of Telephone .No. ☐ Adjustment of Daily Limit

MEMBER DETAILS

FOSA Account No.

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Member Full Names

Branch: ID/Passport. No.: Email Address:

Postal Address: Postal Code: Town:

Business Location/Physical Address/Current Residence:

Telephone No.

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| + | 2 | 5 | 4 | | | | | | | | | | | |
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New Tel. No
(Only for Change of Tel No.)

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| + | 2 | 5 | 4 | | | | | | | | | | | |
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Transaction Upper Limit per Day (KES.) ☐ 20,000 ☐ 40,000 ☐ 70,000 ☐ Other _____

TERMS & CONDITIONS

- ☐ Must have a registered line with M-Pesa services.
- ☐ The customer shall be issued with a PIN (Personal identity number) which must be kept secret and confidential.
- ☐ The Sacco is authorized to debit the customer account with all the amount(s) withdrawn by the use of service.
- ☐ Group and joint account(s) are not eligible for this service.
- ☐ The Sacco shall levy charges for the use of the service which may change from time to time.
- ☐ Telephone number provided should be applicant's Cell/mobile number.

APPLICANT DECLARATION

I authorize Skyline Sacco Society Ltd to subscribe **Sky Chapaa** to my account and I warrant that the information given above is true and complete. I authorize the Sacco to make any enquiries necessary in connection with the application. I accept and agree to be bound by the condition of use, as amended from time to time. I agree that I am /shall be liable for all charges incurred through the use of this service. I understand that my application can be declined by Skyline Sacco Society without giving reasons to extent permitted by law.

Customer Signature _____ Date _____

FOR OFFICIAL USE ONLY

Checked by: Sign: Date:

Verified by: Sign: Date:

Confirmed by: Sign: Date:

Official Stamp