



KEYSTONE DT SACCO

The Sacco of Choice

KEYSTONE DT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

P.O. Box 2073-40100, Kisumu Tel no: 057-2024767/0799-946-225.

E-mail address: kitesacco@gmail.com info@kitesacco.co.ke Web: www.kitesacco.co.ke

MOBILE BANKING APPLICATION FORM

A. PLEASE COMPLETE DETAILS IN CAPITAL LETTERS:

DATE: _____

APPLICANT'S FULL NAME: _____ ID NUMBER: _____

POSTAL ADDRESS: _____ CODE: _____ TOWN: _____

E-MAIL ADDRESS: _____ D.O.B _____

FOSA ACCOUNT NUMBER: _____

MOBILE NUMBER(S) 1. _____

2. _____

B. DECLARATION BY THE APPLICANT:

I hereby apply for Mobile Banking facility from KEYSTONE DT SACCO LTD. I warrant you that the information given above is true and complete. 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 facility. I hereby indemnify the SACCO against all losses that may incur as a result of my use of the facility. I understand that the SACCO reserves the right to decline my application without giving reasons.

Applicant's ID No. _____ Signature: _____

OFFICIAL USE:

Recruited by: _____ Signature: _____ Date: _____

Registered by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____