



# BANDARI DT SACCO LTD

*Power To Succeed*

## MOBILE BANKING APPLICATION & REVISION FORM

Date:

To: **The Manager**  
Bandari Sacco Ltd

(Tick as appropriate)  New Application  Pin Reset Change of Number

### REQUIRED PARTICULARS

Full Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

Email address \_\_\_\_\_ ID No: \_\_\_\_\_ (attach copy)

P.o Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town/Street Address \_\_\_\_\_

Safaricom cell phone number (M-PESA registered number): \_\_\_\_\_

Other Mobile Number registered with Bandari Sacco if not same as above: \_\_\_\_\_

### DECLARATION BY THE APPLICANT.

I CONFIRM that the information given above is the true and further request BANDARI SACCO to issue me with Mobile banking (M-sacco) credentials. Additionally, I authorize the SACCO to make any enquiries necessary in connection with the application.

I accept to be bound by the conditions of use for MSACCO and would be solely responsible for security of my mobile device and the Personal Identification Number (PIN). I will also meet all charges incurred through the requisition and use of this service.

Authorised Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Bandari Sacco reserves the rights to delinve your reuest without giving reasons to the extent permitted by law. Note: 1. Change of number MUST be accompanied by written justify. 2. Incomplete forms will be rejected, 3. Terms and conditions apply.*

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Bandari Sacco Limited @BandariSacco