STAWISHAPAP M-BANKING APPLICATION FORM

(**PLEASE COMPLETE DETAILS IN CAPITAL LETTERS. ALL FIELD ARE MANDATORY)**

Full Name: _____

ID NO: ----------

Society NO: ----------

Member Number:_____

MPA Number: _____

Email Address: _____

Mobile Number: _____

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I wish to subscribe for the following services:

- ☐ Enquiries (Customers care, savings, shares, loans, Guarantors, next of kin, etc.)
- ☐ Alerts (salary, deposits, withdrawals, etc.)
- ☐ Loans (applications and Guarantee)
- ☐ Funds transfer (M-pesa, Accounts to Accounts, etc.)
- ☐ Pay bill (water, electricity, school fees, Dstv, Zuku, etc.)

DECLARATION BY THE APPLICANT

I hereby apply for Stawisha Pap from Stawisha Sacco society Ltd. I warrant that the information given above is the true and complete and authorize you to make any enquiries necessary in connection with the application. 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 society against all losses, which may occur as a result of my use of this facility. I understand that the society reserves the right to decline the application without giving reasons.

Signature: _____ Date:_____

FOR OFFICIAL USE ONLY

Verified by: _____ Date:_____

Approved By:_____ Date_____

STAWISHA SACCO