

SACCOLINK CARD APPLICATION FORM



SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

SACCO NAME _____ BRANCH: _____

_____ Date: _____

Applicant's Full Name:

Surname First name Middle name

Applicant's ID No. _____

P O Box Postal Code Town

Office Telephone Mobile Number

House telephone

Account No(s): 1. _____

Declaration by the Card Applicant

I/We warrant the information given above is the true and complete and I/We authorize you to make any enquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/Will be liable for all charges incurred through the use of this card. I/We understand that my/Our application can be declined without giving reasons to the extent permitted by law.

Applicants Signature (s): _____

Date _____

For official use

Sacco: Verified by: _____ Approved by: _____ Date: _____

Sacco stamp

Coop Bank: Approved by: _____ Verified by: _____ Date: _____