



SHERIA SACCO SOCIETY LTD

Inspire, Equip, Empower

Our Ref: No.....

Your Ref: No.....

Date:.....

MOBILE BANKING SERVICE FORM

(Please complete form in CAPITAL LETTERS)

SERVICE REQUEST *(tick appropriately)*

Initial registration:

PIN reset request:

Change of Mobile No.:

PERSONAL DETAILS:

Member's Full Name: _____

Member's Email Address: _____

Member's A/C No. (PJ): _____

Members ID No: _____

Member's Phone No.

a) Registered Safaricom Line

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Services Available:

Banking: Savings balance enquiries, mini statement, Loan balance enquires, Loan application status, PIN change.

Alerts: Loan application status, guarantor alerts, FOSA loan disbursement alerts, overdue loan repayments

Safaricom Airtime from FOSA

M-PESA: Loan repayment, saving contribution, Overpayment refunds & account deposit
FOSA-MPESA withdrawal services.

Declaration by the applicant:

I hereby apply for this mobile banking facility from Sheria Sacco Society limited. To the best of my knowledge the information given above is true and complete and I authorize to make any enquires necessary in subject to the application. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco against all the losses that may occur as a result of my use of the facility. I understand the Sacco reserves the right to decline the application without giving reasons.

Signature: _____

Date: _____

For Official Use:

Input by Name: _____ Signature: _____ Date: _____

Verified by Name: _____ Signature: _____ Date: _____



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