



P.O. Box 31925 -00600 NAIROBI | Head Office Absa Plaza, 8th Floor, Market Street, Nairobi | Tel: 020 5141900 | Loans: 020 5141921
| Recovery: 020 5141908 | Finance: 020 5141911 | Email: info@mhasibusacco.com | Website: www.mhasibusacco.com

MOBILE APPLICATION REGISTRATION FORM

Member Full Name _____ Member No. _____
ID Number _____ Safaricom Phone Number _____
Email Address _____

Declaration

I hereby apply for Mhasibu M-Sacco Mobile Banking Services. I warrant that the information given is true and complete and authorize Mhasibu Sacco to make any enquiries necessary in connection with the information I have provided in this application.

I accept and agree to be bound to the terms and conditions of use by the Sacco (As amended from time to time). I agree that I am liable for all charges incurred through the use of this facility and understand that the Sacco reserves the right to decline my application without giving any reason. I hereby indemnify the Sacco against any loss which may occur as a result of my use of my mobile device, once registered.

Customer's Signature: *(Please sign on the 3 spaces above)* **Date:** _____

- 1. The specimen signature above will be considered as the only genuine signature for all your SACCO transactions.
- 2. Attach: Copy of ID

Official Use Only

Captured By	Checked By	Approved By
Name:	Name:	Name:
Date:	Date:	Date:
Sign:	Sign:	Sign: