



Utabibu Regulated Non-WDT SACCO
4th Floor, Doctors' Park
3rd Parklands Avenue
Safaricom line +254 711 651 574
Airtell Line +254 786 505 050
Email: info@utabibusacco.co.ke
Website: www.utabibusacco.co.ke

MOBILE BANKING APPLICATION/AMENDMENT FORM

TICK AS APPLICABLE:

New

Amend

Cancel

A. APPLICANT INFORMATION

Full Name: MNo: PNo:.....

Id/Passport No:.....Nationality:

Date of Birth: Sex:

Home Address:

Email Address: Mobile No.:

--	--	--	--	--	--	--	--	--	--

Physical Address: Town..... Estate & Street.:

B. LINKED MOBILE PHONE

I agree that my account will be fully accessed by my linked mobile phone

Add Amend Delete Mobile Number

--	--	--	--	--	--	--	--	--	--

C. DISCLAIMER

I have read the terms and conditions prescribed by Utabibu Regulated N-WDT SACCO for offering Mobile Banking Services to its member and unconditionally accept them. I am also aware that Utabibu Regulated N-WDT Sacco is entitled to modify the terms and conditions without any notice and posting them on the Sacco's website would constitute appropriate notice. I agree that the transactions executed while using Mobile Banking Services under my User ID and MPIN will be binding on me/ all the joint account holders. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify Utabibu Regulated N-WDT SACCO against all losses that they may incur as a result of my use of the facility. I understand that Utabibu Regulated N-WDT SACCO reserves the right to decline the application without giving reasons.

I ID No:Sign:Date

D. OFFICIAL USE ONLY

Verified the details of the member from the record and found correct. The applicant is permitted to subscribe to Mobile Banking Service offered by the SACCO.

Date:..... Authorized Official sign

Above details uploaded for enabling the account(s) for Mobile Banking Service requested by the customer

Date:Official sign