



2NK SACCO SOCIETY LTD

service beyond Imagination

MOBILE BANKING REGISTRATION FORM.

MEMBER 'S NAME.....

CELL PHONE NUMBER

I.D NUMBERACCOUNT NUMBER.....

EMAIL ADDRESS

RESIDENTIAL AREA.....GENDER.....

BRANCH.....

Please tick the necessary **2NK SACCO** services as desired.

Cash deposit		Internal Funds Transfer	
Cash withdrawal		Share Balance enquiries	
Share contribution		Mini Statement	
Loan repayment		Account Debit and Credit Alerts	
Loan balance enquiries		ATM Withdrawal alerts	
Account Balance enquiries		Salary/Pension Alerts Notification	
Airtime purchase		Dividends Alerts Notification	

Declaration by the 2NK SACCO APPLICATION.

I authorise **2NK SACCO** to register my account to the **2NK MOBILE** service and warrant that the information given above is true and complete. I accept and agree to be bound by the terms and conditions of use of the facility. I agree that am liable for all the charges incurred through the use of the service and also understand that the application can be declined by **2NK SACCO** without giving any reason to the extent permitted by law.

Applicant's signature..... Date

FOR OFFICIAL USE ONLY

Details Verified and registered by:

Officer 's NameDate.....signature

Authorised by NameDate.....Signature.....

Attach customer ID (copy)

The phone number must be the same with the one on the register.

Scan and send to 2nksacco2018@gmail.com