



**SULUHU SACCO**  
*"Together we grow"*

# SULUHU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

**SULUHU SACCO PLAZA**  
 Kyuso road, Opp. IEBC Offices, Mwingi Town  
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## MOBILE PHONE BANKING APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

**BRANCH MWINGI** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SURNAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**OTHER NAMES** \_\_\_\_\_ **TSC NO/MBR NO** \_\_\_\_\_

**ID NO** \_\_\_\_\_

**MOBILE PHONE NO.**

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**FOSA ACCOUNT NO.** \_\_\_\_\_

Mobile banking PIN will be sent to your cell phone in form of SMS

Services available

- **Banking –balance Enquiry, mini statement and change of PIN**
- **Utility payment e.g KPLC**
- **M-pesa**

Declaration by applicant

I hereby apply for mobile phone banking facility from SULUHU SACCO Limited. I warrant you that the information given above is true and complete and i authorise you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that i am liable for all the charges incurred through the use of this facility. I hereby indemnify the Sacco against all losses that they may incur as a result of my use of the facility. I understand that the sacco reserves the right to decline the application without giving reasons.

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For official use only**

**Sacco**

Verified by \_\_\_\_\_ Approved by \_\_\_\_\_

Verified by \_\_\_\_\_ Approved by \_\_\_\_\_

Date \_\_\_\_\_ Sacco Stamp \_\_\_\_\_