

WANANDEGE MOBILE BANKING.



APPLICATION FORM

WANANDEGE  
SACCO SOCIETY LTD.  
*Your Success, Our Pride*

(PLEASE COMPLETE THE FORM IN CAPITAL LETTERS) ALL FIELDS ARE MANDATORY.

**PERSONAL AND ACCOUNT DETAILS:**

Applicant's Full Name:

Applicant ID Number:

Email Address:

Mobile Phone No:

(Safaricom Only)

FOSA Account No.  Account No. BRZ-06-1000-\*\*\*\* (New format only)

Permanent Address.

DECLARATION BY THE APPLICANT

I hereby apply for **M-NDEGE** Mobile Banking service by Wanandegge Sacco. I Warrant that the information given above is true and complete and I authorize 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 charges incurred through the use of this facility. I hereby indemnify the **SACCO** against all losses, which may occur as a result of my use of the facility. I understand that the **SACCO** reserves the right to decline the application without giving reasons.

Signature:.....Date:.....

STAFF NUMBER.....



INTRODUCED BY: NAME..... SIGNATURE..... TEL.....

FOR OFFICIAL USE:

Account & Mobile number checked and confirmed.

FOSA SUPERVISOR ..... SIGNATURE ..... DATE.....

FOSA MANAGER ..... SIGNATURE ..... DATE.....

**M-NDEGE** will enable mobile banking services, i.e. Money transfer through **M-PESA** to and from the Fosa account, notifications for transactions with the Sacco, Balance enquiry, Mini-statement, Account to account transfer & Loan repayment.