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Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

SACCOLINK CARD APPLICATION FORM

REF NO. UCSCS/F/FOSA/017

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Date: _____

Branch: _____

Surname _____

First name _____

Middle name _____

Applicant's ID No. (attach copy of ID) _____

Employer _____ Work Station _____

Account Number: _____

P.O. Box								Postal Code						
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Town																		
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Mobile Number																			
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Email address																			
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Declaration by the Card Applicant

I/We authorise the Ukulima Sacco to issue an ATM card to my account and warrant that the information given above is the true and complete. I/We authorize you to make any enquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/will be liable for all charges incurred through the use of this card. I/We understand that my/our application can be declined by the Ukulima Sacco without giving reasons to the extent permitted by law.

Applicants Signature (s): _____ Date _____

For official use

Sacco: Verified by: _____ Authorised by: _____

Date: _____ Sacco Stamp _____

NB: Please ensure to collect your card within a period of three (3) months