



UKRISTO NA UFANISI SACCO LTD.

P. O. BOX 872 – 00605 NAIROBI

Tel: 0720 – 339673

NEW SACCOLINK ATM CARD APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Member No _____

Surname _____

First name _____

Middle name _____

Branch _____

ID number _____

P.O Box _____ Postal code _____

Mobile Number _____

DECLARATION BY THE CARD APPLICANT

I/WE authorize the UKRISTO NA UFANISI SACCO LTD to issue an ATM card to my account and warrant that the information given above is true and complete. I/WE authorize you 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 UKRISTO NA UFANISI SACCO LTD without giving reasons to the extent permitted by law.

Signature _____ Date _____

For official use

Verified by _____

Authorized by _____

Date. _____

Sacco Stamp