

MOBILE BANKING APPLICATION FORM

Application Date: (DD/MM/YYYY)...../...../.....

Member No:

COMPLETE ALL THE NECESSARY SECTIONS IN BLOCK LETTERS.

1. APPLICANT'S DETAILS		
Full Names (As Per ID):		
Date of Birth:	Occupation:	ID No:
1.Mobile No Registered to MPesa		
Personal Email Address:		
Postal Address:	Postal Code:	Town:
KRA PIN:	Residence:	

Applicant's Signature:

By filling out this form you give us the consent to register you in the Haco Sacco Mobile Banking Platform in line with the Data Protection Policy.