



TARAJI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
 P. O. BOX 605, 40600, SIAYA TEL. 254 733409744
 Email: info@tarajisacco.co.ke website www.tarajisacco.co.ke

**M-SACCO MOBILE BANKING APPLICATION FORM
 (PLEASE COMPLETE THE DETAILS IN CAPITAL LETTERS)**

Date:

Full Names:

Applicant's ID/ Passport No. (MUST ATTACH COPY OF ID / PASSPORT)

Membership / Personal Number: Employer:

FOSA Account No. Email:.....

Safaricom Cell Phone Number: (MPESA REGISTERED NUMBER)

Other Registered Cell phone numbers that can deposit money into my account:

1. 2. 3.

Applicant's Address:

P. O. Box: Code: Town:

Mobile No: Office Tel:

Declaration by the SMS / M-SACCO applicant:

I/ we authorize Taraji Sacco to issue me with M-Sacco credentials and warrant that the information given above is true and complete. I/we authorize the Society to make any necessary enquiries in connection with the application. I / we accept and agree to be bound by the conditions of use (as amended from time to time).

I/we agree that I/we am / are liable for all charges incurred through the use of this service. I/we hereby indemnify Taraji Sacco against all losses that they incur as a result of my /our use of the facility. I/ we understand that Taraji Sacco reserves the right to decline the application without giving reasons to the extent permitted by law.

Applicant's Signature(s): Date:.....

For Official Use:

Input by:..... Signature:Date:

Verified by: Signature:.....Date:.....

Approved by: Signature: Date:.....