



BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya

Tel: 2863980/1/2/3/4, Mobile: +254 724-256-651

MOBILE MONEY PAYMENT AUTHORITY FORM

PLEASE COMPLETE FORM IN CAPITAL LETTERS

Mode of payment (Tick Appropriately):

Pay via MPesa:

Personal Details:

Applicant's Full Name: _____

Email Address: _____

Membership No: _____

Applicant's ID No: _____

Mobile Phone No(s)

(a) Registered Safaricom Line:

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(In Words) _____

(E.g. 0722 *** ***) Zero-Seven-Two-Two.....)

(b) Other Lines:

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(In Words) _____

I understand that the Sacco shall not be liable if the mobile telephone number provided above is incorrect, does not belong to me and/or is not registered in my name and hereby fully absolve Banki Kuu Sacco from any liability arising therefrom.

NATURE OF PAYMENT EXPECTED FROM THE BANKI KUU SACCO:

Payment due to member:

a). Loan Disbursement,

b). Overpayment refund

c). Christmas saving refund/ share withdrawal

d). Dividend Disbursement

Declaration by Applicant:

I hereby apply for this **Mobile Money payment service** from Banki Kuu Sacco Society Limited. I warrant you that the information given above is true and complete and I authorize you to make any inquiries 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 that 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: _____

For Official Use:

Input by Name: _____ Signature: _____ Date: _____

Verified by Name: _____ Signature: _____ Date: _____