



DIMKES SACCO/FOSA

ACK DIOCESE OF MT. KENYA SOUTH
P.O. BOX 886-00900, KIAMBU
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MOBILE BANKING APPLICATION FORM

Date: _____

SERVICE REQUEST (Tick Appropriately)

Initial Registration

Change of Mobile No

PIN Reset

PERSONAL DETAILS

Full Names: _____

National ID NO:/Passport No. _____ Member Number _____

Mobile NO:

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Email Address: _____

Services Available

√	1. Mobile Banking	<input type="checkbox"/>
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*****For corporate and Church Accounts*****only notifications and balance enquiries.

Declaration by Applicant

I/we hereby apply for this mobile banking facility from Dimkes Sacco/Fosa Limited. I/we warrant you that the information given above is true and complete and I/we authorize you to make any inquiries necessary in connection with this application. I/we accept and agree to be bound by the conditions of use. I/we agree that I/we are liable for all charges incurred through the use of this facility. I/we hereby indemnify the Sacco against all losses that may occur as results of my use of the facility. I/we understand that the Sacco reserves the right to decline the application without giving reason.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

For Official Use: (member must present original identification documents and attach copy of ID)

Verified by: _____ Signature _____ Date: _____

Approved by: _____ Signature _____ Date: _____

Your faithful financial partner