



M-SACCO REGISTRATION FORM

Form Serial No: _____

Date Entered: _____

Customer ID No: _____

Customer Name: _____

Branch : _____

M – SACCO Mobile phone No: _____ (Safaricom Number Only)

I want to use M – SACCO on the following Accounts:

1. _____

2. _____

3. _____

4. _____

5. _____

I verify that the information I have given above, is to the best of my knowledge true.

Customer Signature: _____ Date: _____

Use of M – SACCO is subject to M – SACCO terms and conditions.

FOR OFFICIAL USE ONLY

Verified By: _____ Date Verified: _____

Approved By: _____ Date Approved: _____

Activated by: _____ Date Activated: _____

NOTE: (Attach a copy of the National Identity Card)

Your growth, Our concern