



**SHIRIKA DEPOSIT TAKING
SACCO SOCIETY LIMITED**

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MOBILE BANKING SERVICE FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

WHICH SERVICE ARE YOU REQUESTING (CHOOSE ONE OPTION)

Mobile Registration Pin Reset Change of mobile number

PERSONAL INFORMATION

Member Full Name _____ ID NO _____ Member No _____

Safaricom Mobile No _____ Current Employer _____

Email Address _____ Physical Location _____

SAFARICOM NUMBER TO BE REGISTERED/RESET _____

If you are changing mobile number:

Current Mobile Number _____ New Mobile number _____

Reasons for change of Mobile numbers/Mobile Pin reset _____

DECLARATION

I hereby apply for Shirika DT Sacco Mobile Banking Services. I confirm that the information given is true and allow Shirika DT Sacco to make any enquiries in connection to the information I have provided. I agree to be bound to the terms and conditions of the Society and I take personal responsibility to keep all information received from the Society confidential. I understand the Society reserves the right to register, decline or deregister my application when it's deemed necessary by the society.

I confirm that I have authorized Shirika DT Sacco LTD to access my credit profile/reports from Credit Reference Bureau (Metropol Ltd) and share my credit data with CRB when the registered number is used to access any loan facility.

MEMBER'S SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE ONLY

Captured by _____ Signature _____ Date _____

Checked by _____ Signature _____ Date _____

Approved By _____ Signature _____ Date _____