



KENYA HIGHLANDS SACCO SOCIETY LIMITED

MOBILE BANKING APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS (ATTACH COPY OF ID)

Branch _____ Date _____

Surname _____

First name _____ Sex _____

Middle name _____

Applicant ID No _____

Account Number _____

P.O Box

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 postal code

--	--	--	--	--

Town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile number

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 Email _____

Date of enrolment

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Declaration by the Pin Applicant

I authorize Kenya Highlands Sacco Ltd to issue a Mobile Banking Pin to my account and a warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I agree that I am /shall be liable for all charges incurred through the use of this card. I understand that my application can be declined by Kenya Highlands Sacco without giving reasons to extent permitted by law.

Applicant signature _____ Date _____

For Official Use

Introduced by: _____

Verified by: _____ Date _____

Linked by: _____ Date _____

NB: Scan and sent to info@kenyahighlandssacco.co.ke plus you id