



Verona Huruma Sacco
Nurturing Economic Growth Through Faith

P.O. Box 47714 - 00100, Nairobi.
Mobile: 0724 933 760, 0727 411 269, 0719 577 339
Email: info@veronahurumasacco.co.ke
Website: www.veronahurumasacco.co.ke

MOBILE BANKING APPLICATION FORM

PLEASE COMPLETE FORM IN BLOCK LETTERS

SERVICES REQUEST (*tick appropriately*)

Initial Registration: PIN reset request: change of mobile No:

PERSONAL DETAILS:

Member Full Name: _____

Member Email Address: _____

Member No: _____

Member ID No: _____

Members phone No

a) Registered Safaricom Line

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Services Available:

Banking: Balance enquiries: *Savings, Shares, fixed deposit and loan.* Mini statement, Junior Account, Money Transfer, Loan Chap Chap.

Declaration by the applicant:

I hereby apply for this mobile banking facility from Verona Huruma Sacco Society limited. To the best of my knowledge, the information given above is true and complete and I authorize to make any enquiries necessary in subject to the application. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco against all the losses that may occur as a result of my use of the facility. I understand the Sacco reserves the right to decline the application without giving reasons.

Signature: _____ **Date:** _____

For official use:

Captured by: _____ Signature: _____ Date: _____

Verified by: _____ Signature: _____ Date: _____