



WAKULIMA COMMERCIAL SACCO LTD.

P O BOX 232-10103 MUKURWE-INI. TEL: 0203594698/0700146398

Email: info@wakulimasacco.co.ke

form no-----

FAST CASH APPLICATION FORM

(PLEASE COMPLETE DETAILS IN CAPITAL LETTERS. ALL FIELDS ARE MANDATORY)

Full Names _____

ID No. _____

Account No. _____

Route _____

254

Mobile Number: _____

I wish to subscribe for the following services:

- Enquiries (Customer Care, Savings, Shares, Loans, Investments, Guarantors, Next of Kin, etc)
- Alerts (Salary, Deposits, Withdrawals, etc)
- Loans (Application and Guarantee)
- Funds Transfer (MPESA, Accounts to Account, etc)
- Pay Bill (Water, Electricity, School Fees, DSTV, ZUKU, etc)

DECLARATION BY THE APPLICANT

I hereby apply for FAST CASH from WakulimaCommercial Sacco Society Ltd. I warrant that the information given above is the true and complete and authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Society against all losses, which may occur as a result of my use of this facility. I understand that the Society reserves the right to decline the application without giving reasons.

Signature: _____ Date _____

FOR OFFICIAL USE ONLY

Prepared by: _____ Sign _____ Date _____

Confirmed by: _____ Sign _____ Date _____

Authorized by: _____ Sign _____ Date _____