



AIRPORTS SACCO & CREDIT CO-OPERATIVE SOCIETY LTD (AIRPORTS SACCO LIMITED)

KENYA AIRPORTS AUTHORITY HQS
KAA FIRE TRAINING SCHOOL
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MOBILE BANKING APPLICATION/AMENDMENT FORM

TICK AS APPLICABLE

I. NEW 2. AMEND 3. CANCEL

A. APPLICANT INFORMATION.

1. Full Name _____ Mno _____ P/no _____
2. ID/Passport No _____ Nationality _____
3. Date of Birth _____ Sex: Male Female
4. Home address _____ Mobile No. _____ Email _____
5. Physical Address: Town _____ Estate _____ Street _____

B. ACCOUNTS DETAILS.

6. Account type _____
7. Account Name _____
8. Account Number _____

C. LINKED MOBILE PHONE

9. I agree that my account will be fully accessed by my linked mobile phone

Add Amend Delete Mobile Number

D. DISCLAIMER

I have read the terms and conditions prescribed by Airports Sacco for offering Mobile Banking Services to its customers and unconditionally accept them. I am also aware that Airports Sacco is entitled to modify the terms and conditions without any notice and posting them on the Sacco's website would constitute appropriate notice. I agree that the transactions executed while using Mobile Banking Services under my User ID and MPIN will be binding on me/ all the joint account holders. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify Airports Sacco against all losses that they may incur as a result of my use of the facility. I understand that Airports Sacco reserves the right to decline the application without giving reasons.

I _____ ID _____ sign _____
Date ____/____/20____

E. OFFICIAL USE ONLY

Verified the details of the account holder from the record and found correct. The applicant is permitted to subscribe to Mobile Banking Service offered by the Bank.

Date: _____ Authorized Official _____ sign _____

Above details uploaded for enabling the account(s) for Mobile Banking Service requested by the customer

Date: _____ Official _____ sign _____