



**AIRPORTS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD**

*Your Growth, Our Strength*

**MOBILE BANKING APPLICATION/AMENDMENT FORM**

TICK AS APPLICABLE:     New                       Amend                       Cancel

**A. APPLICANT INFORMATION**

Full Name: ..... MNo: ..... PNo:.....

Id/Passport No:..... Nationality: .....

Date of Birth: ..... Sex: .....

Home Address: .....

Email Address: ..... Mobile No.: .....

Physical Address: Town..... Estate & Street: .....

**B. ACCOUNTS DETAILS**

Account Type .....

Account Name .....

Account Number.....

**C. LINKED MOBILE PHONE**

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 No: ..... Sign:..... Date.....

**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 .....