



# ECO-PILLAR SACCO SOCIETY LTD

HEAD OFFICE

TURKANA/LODWAR BRANCH

P.O. Box 48-30600

P.O. Box 395

TEACHERS' PLAZA 1<sup>ST</sup> FLOOR

TEL: .054-21274

Tel: .054-62402/020 2626754 Fax: 054-62402

OPPOSITE KCB

Email: [ecopillarsacco@gmail.com/](mailto:ecopillarsacco@gmail.com/)

kapetr sacco@yahoo.com

Email: [kapetr sacco@yahoo.co](mailto:kapetr sacco@yahoo.co)

## MOBILE BANKING APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS.

Branch.....date.....

Surname..... first name.....middle name.....

Mobile no.....

ID.NO									
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Account No.....

### Services available

Banking –Balance, Inquiry, Mini-statement and pass word change

Alert (activating or deactivating) e.g. (salary advance Alerts. Large debits/credit Alert).

Balance Inquiries',

Air time Purchase,

M-Pesa.

### Declaration by the applicant.

I herby apply for mobile Banking Facility from the Eco-pillar Sacco Limited I warrant you that the Information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agreed to be bound by the conditions of use. I agreed that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Bank against all losses that they may incur as a result of my use of the facility. I understand that the Bank reserves the right to decline the application without giving reasons.

Applicant signature.....Date.....

### For Official use.

Sacco: Verified by.....approved by.....

Verified by.....approved.....

by.....Date.....Sacco Stamp.....

Condition of Use.