



ECO-PILLAR SACCO SOCIETY LTD

HEAD OFFICE
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TURKANA/LODWAR BRANCH
P.O. Box 596
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NEW SACCOLINK CARD APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

SURNAME _____

FIRS NAME _____

MIDDLE NAME _____

BRANCH/TOWN _____

I.D/NO. _____

P.O BOX _____ Postal code _____

TEL. NUMBER _____

MOBILE NUMBER _____

ACCOUNT NUMBER _____

DECLARATION BY THE CARD APPLICANT

I/WE Authorize the Eco-Pillar SACCO to issue an ATM card to my account and warrant that the information given above is true and complete. I/WE authorize you to make any enquiries necessary in connection with the application. I/WE accept and agree to be bound by the conditions of use, detailed overleaf (as mended from time to time). I/WE agree that I am/will be liable for all charges incurred through the use of this card. I/WE understand that my/our application can be declined by Eco-Pillar SACCO without giving reasons to the extent permitted by law.

Signature _____ Date _____

FOR OFFICIAL USE

VERIFIED BY _____

CALL BACK (IF NEED BE) BY _____

DATE _____

