



GUSII MWALIMU SACCO LTD

P.O. BOX 1335, KISII.



LOCAL ATM CARD APPLICATION FORM

S/no.....

(FOR NEW APPLICANTS ONLY)

Please fill this form only if you already have an operational account with SASA and that you have never had any atm card before.

DATE

MEMBERS DETAILS

Name of Applicant (Full):
Account Number (in full):
TSC / Personal No.
ID No/Passport No.(Attach copy)
Telephone / mobile no.
Postal address / email address
Department / place of work

Declaration:

I warrant that the information above is true and complete and that I accept and agree to be bound by the society regulations and conditions of use.

Applicant Signature _____ **Date:** _____

FOR OFFICIAL USE ONLY

Received by:
Date:
Signature