



FUNDILIMA SACCO SOCIETY LTD

P. O. BOX 62000 – 00200, NAIROBI
TEL: 0202356669/70, 0721 564 136, 0771 936 506
E-Mail: fundilimasacco@yahoo.com
website: www.fundilima.co.ke

FORM NO

567

SACCOLINK CARD APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Branch: _____ Date: _____

Surname _____

First name _____ Sex _____

Middle name _____

Applicant ID. No. _____

Account Number: _____

P.O. Box

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 Postal Code

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Town

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Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email: _____

Office Telephone

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Declaration by the Card Applicant

I authorise the Fundilima Sacco Society Limited to issue an ATM card to my account and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I will be liable for all charges incurred through the use of this card. I understand that my application can be declined by the Fundilima Sacco Society Ltd without giving reasons to the extent permitted by law.

Applicant's Signature _____ Date _____

For official use

Sacco: Verified by: _____ Approved by: _____

Date:

Sacco Stamp