



KINGDOM SACCO SOCIETY LIMITED

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MOBILE BANKING REGISTRATION FORM

Member Number: _____

Member's Name: _____

National ID/Passport No: _____

Date of Registration: _____

Mobile Banking Phone No: _____

I want to use Mobile/SMS Banking on the Following Accounts:

1. _____

2. _____

3. _____

4. _____

5. _____

I verify that the information I have given above is true and agree to the terms and conditions of use of the Mobile/SMS Banking Service. (Please attach a copy of your national ID card).

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Verified By: _____ Date Verified: _____

Approved By: _____ Date Approved: _____