



KINGDOM SACCO SOCIETY LIMITED

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TRANSACTION ALERTS SUBSCRIPTION FORM

SECTION A: ACCOUNT HOLDER DETAILS

First Name: _____ Middle Name: _____

Last Name: _____ ID/Passport No: _____

Member No: _____ Mobile No.: _____

SECTION B: TRANSACTION ALERTS SUBSCRIPTION

Kindly list the accounts you wish to subscribe for transactions alerts and tick appropriately:

| | Account | Debit Alerts | Credit Alerts |
|----|---------|--------------------------|--------------------------|
| 1. | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: _____ Date: _____

SECTION C: FOR OFFICIAL USE ONLY

Verified By: _____ Date Verified: _____

Approved By: _____ Date Approved: _____