

**WAZALENDO SAVINGS AND CREDIT COOPERATIVE SOCIETY (U)
LIMITED**

P.O. BOX 27251 KLA

Tel: 414668650 / 0393206306

Our Ref:



Your Ref.....

Date.....

WAZA MOBILE BANKING SERVICES REQUEST FORM

A. MEMBER PARTICULARS

I (SVC No/Rank/Name) request to register
my Mob. Tel. Number..... to enable me access Mobile banking services.

TICK APPROPRIATE.

New Maintain Current number

Change I lost/ destroyed /changed my old contacts. (Tick accordingly).

Old Mobile Phone, New Mobile phone

National ID No (NIN) (Attach Photocopy of National ID).

I (SVC No/Rank/Name)of

Current Unit/Department..... Confirm and certify that the information
given above is correct to the best of my knowledge.

Applicant`s signature Thump print.....Date.....

B. OFFICIAL USE ONLY

Verified and Authenticated on behalf of WAZALENDO SACCO by;

Name.....

Name.....

Signature.....

Signature.....

Date.....

Date.....

CUSTOMER CARE OFFICER

BRANCH MANAGER