



# ASILI SACCO SOCIETY LIMITED

P.O BOX 49064 – 00100 NAIROBI

Email: [asilisacco@yahoo.com](mailto:asilisacco@yahoo.com)

Website: [www.asilisacco.com](http://www.asilisacco.com)

## ATM APPLICATION FORM

1. The card is Ksh 600.00(six hundred) payable upfront. the cost can alternatively be debited from your account if it has adequate funds
2. The card shall take of three days to be delivered.
3. Once you receive the card you MUST inform the Sacco to activate. inactivated card shall nor work neither shall Sacco activate it without your consent
4. You shall be personally held responsible by the authorities for any criminal activates undertaken by the card
5. The Sacco DOES NOT (I)have a copy of your PIN (ii) know your PIN(iii) responsible for custody of your PIN

I ..... of EST/PF NO: .....And

ID NO .....do hereby agree to abide by the terms and conditions of SACCO LINK CARD.

I therefore request Asili Sacco Society to issue me with one SACCO LINK CARD.

### PERSONAL DETAILS

ADDRESS.....TELNO.....

EMPLOYER .....

STATION /COUNTY.....

A/C NO:.....SIGNATURE.....DATE...../...../20.....

(OFFICIAL USE)

ACCOUNT DETAILS CHECKED AND VERIFIED BY:

NAME.....

SIGNATURE.....Date ...../...../20.....

### Card applied by

Name .....

Signature.....Date...../...../20.....

Card No.....

### Received and checked by

Name.....Signature;.....Date...../...../20.....

### Card dispatched by

Name .....Signature.....Date...../...../20.....

### Process reviewed by Internal Audit

Name .....

Signature.....Date...../...../20.....