



ASILI SACCO SOCIETY LIMITED

P.O BOX 49064 – 00100 NAIROBI

Email: asilisacco@yahoo.com

Website: www.asilisacco.coop

ATM APPLICATION FORM

1. The card is Ksh 650.00(six hundred and fifty shillings) payable upfront. the cost can alternatively be debited from your account if it has adequate funds
2. The card will be processed within seven working days.
3. Once you received the card, kindly conduct the Sacco for activation by calling **(0723 472 823)**
4. You are entirely responsible for the use of you card.
5. The Sacco DOES NOT have any information about 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:

NameSignature.....Date...../...../20.....

Card Activated by:

Name

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