

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 Ba	nking on the Following Accounts:	
1.		
2.		
3.		. <u></u>
4		
•	have given above is true and agree to the terms and conditions h a copy of your national ID card).	of use of the Mobile/SMS
Signature:	Date:	
	FOR OFFICIAL USE ONLY	
Verified By:	Date Verified:	
Approved By:	Date Approved:	