

KINGDOM SACCO SOCIETY LIMITED

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TRANSACTION ALERTS SUBSCRIPTION FORM

SECTION A: ACCOUNT HOL	DER DETAILS		
First Name:	Middle Name:		
Last Name:	ID/Passport No	ID/Passport No:	
Member No:	Mobile No.:	Mobile No.:	
SECTION B: TRANSACTION			
Kindly list the accounts you	wish to subscribe for transaction	ons alerts and tick appropria	
Account	Debit Alerts	Credit Alerts	
1.			
2.			
3.			
4.			
5			
Signature:	Date:		
SECTION C: FOR OFFICIAL	USE ONLY		
Verified By:	Date Verified:	Date Verified:	
Approved By:	Date Approved:		