FARIDI SACCO SOCIETY LIMITED
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BUSIA- KENYA.

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SACCOLINK ATM CARD NEW/RENEWAL/REPLACEMENT APPLICATION FORM

Applicant's Information:

Name:	**ID/Passport Number:**
Mobile Phone Number:	**Email Address:**
FOSA Account Number:	**Card Number (For Replacements/Renewals)**

Application Type: (Tick where applicable)

☐ New Applicant ☐ Renewal ☐ Other Specify with Reason :_____

Declaration by the ATM Card Applicant:

I/We hereby authorize Faridi Sacco Society Ltd to issue an ATM Card to my account and warrant that the information given above is true and complete. I/We authorize you to make any enquiries necessary in connection with this application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that, I /We will be liable for all charges incurred through the use of this ATM card. I/We understand that my/our application can be declined by Faridi Sacco without giving reasons to the extent permitted by law.

Signature:	**[Verify Signature]**	**Date:**

FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)

Application details confirmed against physical card	Yes	No
Card Number exists on Sacco system and CMS	Yes	No
Signature and Photo Confirmed	Yes	No
Transaction History Confirmed	Yes	No

BRANCH NAME(if any):

Customer Identification and Verification done by:

Name:	**Signature:**	**Date:**

Authorized by (Fosa Manager/Accountant)

Name:	**Signature:**	**Date:**

USER STAMP AND SIGNATURE