UNIVISION SACCO
powering dreams

SACCOLINK CARD APPLICATION FORM

PLEASE COMPLETE DETAILS IN BLOCK LETTERS

Date:..... Branch.....

Surname:.....

First Name: .....

Middle Name.....

Applicant's ID No.....

Accounts No. .....

Member No.....

TSC No.....

P.O.BOX

2	5	4	9	0	2	0	0

K	I	T	U	I

Phone Number 1

Phone Number 1

DECLARATION BY THE CARD APPLICANT

I authorize **Univision DT Sacco Society Ltd** to issue an ATM card to my account and warrant that the information given above is true and complete . I authorize you to make any enquiries necessary in connection with the application . I accept and agree i am liable for all charges incurred through the use of this card. I understand that my application can be declined by the Univision DT Sacco Society Ltd without giving reasons to the extent permitted by the law.

I willingly allow **Univision DT Sacco Society Ltd** consent to verify, use, share and/ or disclose the information given in accordance with the society's by-lwas and the laws of kenya.

Applicants Signature..... .....Date.....

Received by Name:.....Sign..... Date.....

Approved by Name.....Sign.....Date.....

Data entered by .....Sign.....Date.....

N**B: Attach your ID Photocopy**