



CHAI SACCO SOCIETY LIMITED

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Email: <u>info@chai-sacco.co.ke</u>
Website: www.chai-sacco.co.ke

ATM CARD APPLICATION FORM

ATM CARD APPL	CATION FORM			
PERSONAL DETAILS				
SURNAME	OTHER NAMES:			
PAYROLL NUMBER				
MEMBER NUMBER		BRANCH:		
EMPLOYERS NAME				
ID NO.				
MOBILE NO.				
EMAIL ADDRESS				
New application Lost Card PIN forgotten	on			
Expired Card				
Declaration by applicant				
I		authorize C	chai Sacco to issue an ATM card and debit my	
account with all the charges i	ncurred with the use of the	is ATM card. I author	rize you to make any inquiries necessary in	
connection with the applicati	on. I agree to be bound by	the terms and condition	ons of use of this ATM card and understand the	
my application can be decline	ed by Chai Sacco without	giving prior reasons to	the extent permitted by law.	
Signature				
OFFICIAL USE ONLY				
Effected by:	Sign	Ι	Date	

Version B Revision 01

Approved by:	Sign	Date and Stamp
Approved by.	Sign	_ Date and Stamp

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