



HAZINA SACCO SOCIETY LTD

HEAD OFFICE: KIBERA ROAD OFF NGONG ROAD, BEHIND KOBIL PETROL STATION
P.O. BOX 59877 – 00200 NAIROBI. TEL: 2719098/2722106/2428634. FAX: 2729187/2428634
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ATM CARD APPLICATION FORM

Date: _____

Membership Number:-----Account Number:-----
Full name of customer:-----
ID/Passport No:-----Email Address:-----
Postal Address:-----Postal Code:-----
City:-----Physical Address:-----
Telephone Number (Home) ----- Telephone Number (Work) -----
Fax No: -----Mobile No: -----

I hereby apply for the following card to be issued to me or the authorized person (subject to the Sacco’s terms and conditions issued from time to time)

Principal Cardholder

Supplementary cardholder

Please issue my Automated Teller Machine Card to me. I agree to be bound by the “Terms and conditions of use of the ATM Card”.

Name: -----

Customer Signature: ----- Signature/Identity documents verified by-----

FOR SACCO OFFICIAL USE ONLY:

Card order date: -----

Officer: -----

Card receipt date: -----

Officer: -----

Card Number: -----

Officer: -----