



AFYA SACCO LTD

M-COOPCASH MOBILE BANKING APPLICATION FORM

AFYA CENTER, TOM MBOYA ST.
Email: marketing@afyasacco.com
Website: www.afyasacco.co.ke
Tel. (254) (20) 2223950/ 22223970



Application Date:

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

A. APPLICANT PERSONAL DETAILS/BIO-DATA

Are you a member of AFYA SACCO?

 YES NO

Gender

 Male Female

Names (Per National ID) _____ Title _____
[First name] [Second Name] (Surname)

Nationality _____ Date of Birth _____ ID no. _____

Personal Mobile No. _____ Alternative phone no. _____

Personal Email _____ KRA PIN _____

(Please attach a copy of your National Identification Card & a passport size photo)

B. FOSA ACCOUNT /LINKING DETAILS -

Have you previously applied for M-coopCash Mobile banking Services?

 YES NO

FOSA BRANCH NAME _____

FOSA A/C NO. _____ MOBILE MONEY NO. _____

FOSA A/C NAME _____

C. SERVICE REQUEST TYPE

 New Application PIN Reset Password Rest Other Request

Reason for request. _____

D. DECLARATION & SIGNATURE

I hereby apply for Mobile Banking services (M-coopCash Mobile Banking) from AFYA Savings and Credit Co-operative Society Ltd. I guarantee that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Conditions of Use for Mobile Phone Banking services (M-coopCash Mobile Banking). I agree that I am liable for all charges incurred using the Mobile Banking services (M-coopCash Mobile Banking). I hereby indemnify AFYA Savings and Credit Co-operative Society Ltd against all losses that it may incur as a result of my use of the service. I understand that the Savings and Credit Co-operative Society Ltd. reserves the right to decline the application without giving reasons. I do hereby agree to conform to AFYA SACCO's By-laws and any amendments thereof.

Applicants Name(s) _____ Signature _____

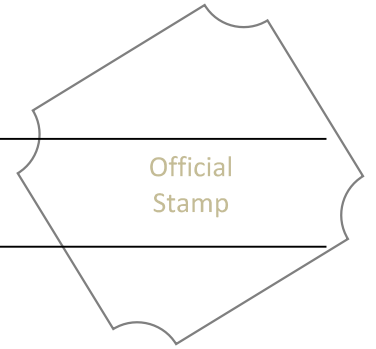
AFYA SACCO LTD

E. FOR OFFICAL USE ONLY

a. CBS update/linking

Data Captured by _____ Signature/ Date _____

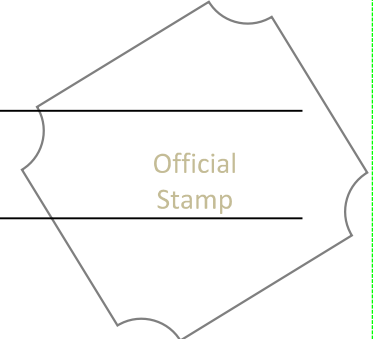
Data Approved by _____ Signature/ Date _____



b. M-coopCash update/Linking

Data Captured by _____ Signature/ Date _____

Data Approved by _____ Signature/ Date _____



❖ ITEMS/DOCUMENTS REQUIRED CHECK LIST

- ✓ Duly completed form
- ✓ Passport size photo
- ✓ Copy of ID (Both sides)

Scan QR code to submit Online

