



UMODZI SACCO

FinMobile Banking Application Form

Request Type: ☐ New ☐ Amend ☐ PIN Reset ☐ Close

NOTE: PLEASE FILL THE FORM IN BLOCK LETTERS AND COMPLETE ALL SECTIONS

SECTION A: MEMBER DETAILS

Gender: ☐ Male ☐ Female

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr.

First Name: _____ Surname: _____

ID Type: _____ Phone No: _____ Cell: _____

ID No: _____ SACCO Number: _____ Email: _____

Employment Number: _____

Physical Location: _____

Address: _____

SECTION B: LINKED MOBILE NUMBER

Please tick in the boxes provided and fill in the mobile number

☐ Add

SMS Notification ☐

Mobile Number: _____

Yes

No

SECTION C: SERVICES APPLIED ACCOUNTS

I would like to access the following services (*please tick preferred service below*)

☐ Balance enquiry all savings products ☐ Balance enquiry all loan products

☐ Balance enquiry other products (specify) _____ ☐ Funds transfer

Summary of terms of use for service

1. Funds can be transferred from demand deposits only
2. Use of the service has the following charges:
 - (a) Balance enquiry: MWK50.00 per session
 - (b) Mini Statement: MWK150.00 per session
 - (c) Internal funds Transfer: MWK100.00 per transaction.
3. The Institution will not be held liable for transfer to wrong accounts
4. The institution will not be held liable for unauthorised access to your account out of your negligence

SECTION E: DECLARATION

I acknowledge that I have read and understood the above terms of use for the product and by executing this document; I express my consent and willingness to abide by those conditions.

Signature _____

Date _____

OFFICE USE ONLY

Member account number

Received by: _____

Date: _____

Approved by: _____

Date: _____

Processed by: _____

Date: _____