

MOBILE BANKING SERVICE FORM

WHICH SERVICE ARE YOU REQUESTING (CHOOSE ONE OPTION)

Mobile Registration ☐ Change of mobile number ☐ Pin Reset ☐

PERSONAL INFORMATION

Member Full Name _____ ID NO _____ Member No _____

Safaricom Mobile No _____ Current Residential Area _____

SAFARICOM NUMBER TO BE REGISTERED/RESET _____

If you are changing mobile number:

Current Mobile Number _____ New Mobile number _____

Reasons for change of Mobile numbers/Mobile Pin reset _____

DECLARATION

I hereby apply for RUPSA NWDT SACCO Mobile Banking Services. I confirm that the information given is true and allow RUPSA NWDT SACCO to make any enquiries in connection to the information I have provided. I agree to be bound to the terms and conditions of the Society and I take personal responsibility to keep all information received from the Society confidential. I understand the Society reserves the right to register, decline or deregister my application when it's deemed necessary by the society. I confirm that I have authorized RUPSA NWDT SACCO to access my credit profile/reports from Credit Reference Bureau (Metropol Ltd) and share my credit data with CRB when the registered number is used to access any loan facility.

Data Protection Statement

The information that you provide on this form and that is obtained from other relevant sources will be used to process your application. We may check the information collected with third parties or against other information held by us. We may also use this information if there is a complaint or a legal challenge relevant to RUPSA NWDT SACCO processes. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds or in other ways as permitted by law. By signing the application, we will assume that you agree to the processing of sensitive personal data. The personal information that you provide will also be used lawfully and in accordance with the Data Protection Act, 2019.

MEMBER'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

Captured by _____ Signature _____ Date _____

Checked by _____ Signature _____ Date _____

Approved By _____ Signature _____ Date _____