JOGOO DT SACCO SOCIETY LIMITED

MERCHANT CODE REQUEST FORM

Name of the Applicant.....

Member Number.....FOSA Account.....

Mobile No.....Email Address.....

PF Number.....ID No.....

Employer/Self.....

Type of Business.....

Name of Business.....

Business Mobile No.....

DECLARATION BY SUBSCRIBER

I hereby apply to use my FOSA account through Lipa kwa Sacco services from Jogoo Sacco Society Limited. I firmly understand that Jogoo Sacco Limited can reject this application without giving any reasons whatsoever.

To the best of my knowledge the information given above is true and complete and I authorize you to make enquiries necessary in subject to the application for Lipa kwa Sacco services. I further agree that I am liable to cater for any charges incurred during the time which I shall use the service. I hereby indemnify the SACCO against all losses that may occur as a result of my use of the service.

I also consent to the collection, use and transfer, in electronic or other form, of my personal data for purposes of processing and execution of the Lipa kwa Sacco services within the Sacco and the integrated service providers.

Applicants Signature:.....Date.....

FOR OFFICIAL USE ONLY

Data Captured By: ..... Signature..... Date: .....

Checked By:.....Signature.....Date: .....

Approved By:..... Signature.....Date: .....

0709 027 600/ 0721 694 851 Calls only / 0711 454 535 SMS & WhatsApp Only

Email us: info@jogoosacco.coop