



JAYA MANAKAMANA SAVING AND CREDIT CO-OPERATIVE LTD

MOBILE BANKING REGISTRATION FORM

Date:

The Manager Jaya Manakamana Saccos Limited

_____ Branch

I/We hereby request Jaya Manakamana Saccos to register my/our co-operative account and mobile numbers mentioned below for Mobile Banking facility

Details of Account(s) and Mobile Number are as follows:

Personal Information

Applicant's Name:

Address:

Mobile No: _____ Email: _____

Account Details

Primary Account No. _____

Details of other accounts, if the service is intended for other accounts as well 1. Account No:

_____ 2. Account No: _____

Please select Mobile Banking features you desire to register

- Transaction alerts
- Inquiry (Balance, Mini statement), Request (cheque book, statement, stop cheque)
- Financial transaction (Utility bill payments, Topups/Recharge, Merchant Payments,
- Fund Transfer to accounts within Inter member co-operative and more)

I have read and understood the terms and conditions listed back and agree to abide them.

Signature of the Account Holder(s)

FOR CO-OPERATIVE USE ONLY

Application received on (Date): _____ Entered by: _____

Emp. Id: _____ Approved by: _____ Date: _____