

**CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD**

Head Office: Chai House, Ground Floor, Koinange Street.

P.O. Box 278 - 00200 City Square Nairobi Kenya Mobile: 0709808000 / 0709808100

/0709808101 Email: [info@chai-sacco.co.ke](mailto:info@chai-sacco.co.ke)Website: [www.chai-sacco.co.ke](http://www.chai-sacco.co.ke)**ATM CARD APPLICATION FORM****PERSONAL DETAILS**

SURNAME		OTHER NAMES:
PAYROLL NUMBER		
MEMBER NUMBER		BRANCH:
EMPLOYERS NAME		
ID NO.		
MOBILE NO.		
EMAIL ADDRESS		

Reason for card application (Tick as appropriate)

New Application

☐

Lost Card

☐

Pin Forgotten

☐

Expired Card

☐
**Declaration by applicant**

I \_\_\_\_\_ authorize Chai Sacco to issue an ATM card and debit my account with all the charges incurred with the use of this ATM card. I authorize you to make any inquiries necessary in connection with the application. I agree to be bound by the terms and conditions of use of this ATM card and understand that my application can be declined by Chai Sacco without giving prior reasons to the extent permitted by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Effected by: \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Sign \_\_\_\_\_ Date and Stamp \_\_\_\_\_

