



CSSL/BRO/F/001

CHAI SACCO SOCIETY LIMITED
Head Office: KTDA Plaza 4th Floor, Moi Avenue
P.O Box 278-00200, City Square Nairobi Kenya
Tel: 020 2214406/ 020 2214410/0701314410
Customer Care: 0709 808100/ 0709 808101
Email: info@chai-sacco.co.ke
Website: 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 _____