



Fin Mobile Banking Application/ Amendment Form.

Request type (Tick) ☐ New ☐ Amend ☐ Close ☐ PIN Reset

NOTE: PRINT IN BLOCK LETTERS and complete all sections.

Section A: Customer Details.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

First Name: Surname:

ID Type: , No: Cell:

SACCO member Number Email:

Postal Address:

Section B: Linked Mobile Phone.

Please Add/Remove the following mobile phone numbers accordingly.

<input type="checkbox"/> Add	SMS Notification	Remove <input type="checkbox"/>
Cell <input type="text"/>	<input type="text" value="Yes/ No"/>	<input type="text"/>
Cell <input type="text"/>	<input type="text" value="Yes / No"/>	<input type="text"/>

Section C: Services applied Accounts.

I would like to access the following features/ services (*please tick preferred service below*)

☐ Balance enquiry all savings products ☐ Balance enquiry all loan products
☐ Balance enquiry other products (specify) Funds transfer ☐

Summary of terms of use for service

1. Funds can be transferred from demand deposits only
2. Use of the service has the following charges: (a) Balance enquiry: MWK.00 per session, (b) Mini Statement: MWK150.00 per session, (c) Funds Transfer: MWK200.00 per transaction.
3. The Institution will not be held liable for transfer to wrong accounts
4. The institution will not be held liable for un authorised access to your account out of your negligence

Section E: Declaration.

a.) *I acknowledge that I have read and understood the above terms of use for the product and by executing this document; I express my consent and willingness to abide by those conditions.*

Signature _____ Date _____

Office Use Only.

Member/customer number/Employment number

Received by _____ Date _____

Approved by _____ Date _____

Processed by _____ Date _____