



**SPOTCASH MOBILE BANKING SERVICES  
APPLICATION AND AGREEMENT FORM**



**EGERTON UNIVERSITY SACCO SOCIETY LIMITED**

TEL/FAX 051-2217809/0722144734/0733999002 email: info@egertonuniversitysacco.coop

<b>FOSA ACCOUNT NO.</b>	
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**PART 1. PERSONAL DETAILS**

First Name(as per I/D)	Middle Name	Last Name
ID No/Passport No.	Organization/Institution/Business Name	
Present Address	Payroll No.	E-mail Address

**PART 2. SERVICE REQUEST (Tick Appropriately)**

Initial Registration:       PIN Reset Request:       Change of Mobile No:

**Mobile Phone No(s)**

(a)Registered Safaricom number:

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(b)Other number:

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**Services Available:**

**Banking:** Savings balance enquires, Loan balance enquires, Loan Application status enquires, PIN change.

**Alerts:** Loan Application Status, Guarantor alerts, Fosa Loan Disbursement Alerts, Overdue loan repayments Safaricom Airtime from FOSA.

**M-PESA:** Loan repayment & savings/shares contributions, FOSA to Mpesa withdrawal service, Inter account transfers.

**PART 3. DECLARATION**

I hereby authorize Egerton University SACCO society Limited to register the M-Banking services to my account. I warrant that the information given above is true and complete. I accept and agree to be bound by the conditions of use. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco against all losses that may occur as a result of my use of the facility.

Applicant Signature..... Date.....

**PART 4. FOR OFFICIAL USE ONLY**

Data entered by ..... Sign ..... Date .....

Approved ..... sign.....Date.....