MWALIMU DEBIT CARD APPLICATION FORM

Branch:_____

Account Holder's Name:_____

Date of Birth: _____ Country:_____ Marital Status: _____

Mailing Address:_____ Postal Code:_____ City:_____

Permanent Address: _____ Postal Code:_____ City:_____

Office Tel.:_____ Mobile No.:_____

ID/Passport No.:_____ Email: _____

Account Number:_____

DECLARATION

I/We warrant you that the information given above is true and complete and I/we authorize you to make any enquiries necessary in connection with this application. I/we accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/we agree that I/we am/are liable for all charges through the use of this card. I/we understand that Mwalimu National reserves the right to decline the application without giving reasons to the extent permitted by law.

- I/We have selected the product that best suits me/us
- I/We have understood what is required of me/us and how to operate the Card efficiently
- I/We have been briefed on how to keep safe my/our Card and PIN
- I/We have been taken through all the features, charges and fees pertaining to the product available and I/we have received a copy of the Tariff Guide

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and operating the Mwalimu Debit Card and future analysis whether in electronic or other form

Account Holder's Name:_____ Signature:_____ Date:_____

I have explained to the Customer the specific Terms and Conditions to open and operate the Debit Card.

Debit Card Signed up by:

Name:_____ Signature:_____ Date:_____

FOR OFFICIAL USE: BRANCH

Received by:_____ Signature:_____ Date:_____

Verified by:_____ Signature:_____ Date:_____

MWALIMU: MWALIMU CUSTOMER SERVICE

Received by:_____ Signature:_____ Date:_____

Approved by:_____ Signature:_____ Date:_____