



WASHA SACCO LTD.
P. O. Box 83256 - 80100
Mombasa - Kenya

Washa Sacco Offices
Nyerere Avenue
Ralli House, 3rd Floor,
Tel: 0732 525224 / 0797 690900
Email: info@washasacco.co.ke

DEBIT CARD APPLICATION FORM
REPLACEMENT

Account Name: _____ Date _____.

Account Number

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ID NO _____ Address _____ Postal Code _____.

Town _____ Institution _____.

(Tick Appropriately)

New Card _____ Stolen _____ Damage _____ Faulty _____ Expired _____ Card Replacement _____ Other _____.

Card No. 4299***-----**

Condition Governing Application

I hereby agree that as long as the Sacco acts in compliance with this Authorization, the Sacco shall be irrevocably and unconditionally indemnified in full by me against ant costs, claims, losses or liabilities of ant nature (direct or indirect) resulting from any act or omission in connection with subject of this authorization, including but not limited to any act or omission (or any delay) on the Sacco’s part responding to instructions received by the Sacco.

Applicants Name _____.

Signature: _____ Mobile No _____.

FOR OFFICIAL USE ONLY

Customer Interview and identification done: _____ Signature instructions confirmed _____.

Signature and photo confirmed _____ Call back done (Where agent is involved) _____.

_____.

Prepared by (Signature)

Checked by

Approved & Authorization.