



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

M-WASHA REGISTRATION FORM

Customer Details.

Customer Names _____

Customer National ID _____ (Please attach a copy of your national ID card)

M-WASHA Mobile No _____ (Safaricom Number ONLY)

Email Address: _____ Member No. _____

I want to use M-WASHA on the following Account No(s): _____

Declaration by the subscriber

I certify that the information I have given above is true.

Customer Name: _____ Signature: _____ Date: _____

Use of M-WASHA is subject to M-WASHA terms and conditions. Please refer overleaf for details.

FOR OFFICIAL USE ONLY

Mobile No linked by: _____ Date linked _____ Sign: _____

Verified by: _____ Date Verified: _____ Sign: _____

Approved by: _____ Date Approved: _____ Sign: _____

General Terms and conditions.

1. Application for the mobile banking services shall be accepted after authentication of members' details
2. You are required to communicate with the office upon losing your account details, password or if you suspect that there is fraud being done in your account.
3. You must not share your password. It is your responsible to protect password and safety of your mobile phone.
4. Washa Sacco has the sole discretion to register you in mobile banking platform.
5. Mobile banking can be terminated at any time by notification from the customer.
6. The society will not be liable for any erroneous information provided by a member. It is members' sole responsibility to provide accurate information to be captured in the account for mobile banking transactions