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BUNGE REGULATED NON-WDT SACCO LTD

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MOBILE BANKING (M-BANKING) REGISTRATION FORM

Instructions:
*Please fill in this form in **BLOCK LETTERS** using a black or blue pen.*
*Ensure all details match your **SACCO** membership records.*
***DO NOT** write your Mobile Banking **PIN** on this form.*

SECTION 1: MEMBER DETAILS

(To be filled in by the Member)

Field	*Details*
Full Name (As per SACCO Records)	
Membership / Account Number	
National ID / Passport No.	
Date of Birth (*DD/MM/YYYY*)	
Email Address	

SECTION 2: MOBILE BANKING DETAILS

Field	**Details**
Mobile Phone Number ***(To be registered)***	+ _____ - _____

SECTION 3: SERVICES REQUIRED

Please tick [✓] the services you wish to access via M-Banking:

[ ] Account Enquiry (Check balance, mini-statements)
[ ] Fund Transfers (Transfer to other SACCO accounts, Banks, Mobile numbers)
[ ] Loan Services (Check loan balance, apply for mobile loans)
[ ] Bill Payments (Pay water, electricity, etc.)
[ ] Airtime Purchase
[ ] Other: _____

SECTION 4: SECURITY & CONSENT
Please read carefully and tick [✓] to agree:

[ ] Initial PIN: I understand that my initial M-Banking PIN and One-Time Passwords (OTPs) will be sent via SMS to the mobile number provided in Section 2. I will change the initial PIN upon first login.
[ ] Confidentiality: I agree to keep my M-Banking PIN, passwords and OTPs strictly confidential. I will not share them with anyone, including SACCO staff.
[ ] Lost Device: I agree to notify the SACCO immediately via **+254 711 180 913** if my registered mobile phone is lost, stolen or compromised.
[ ] Liability: I understand that the SACCO shall not be held liable for any unauthorized transactions or losses arising from my failure to keep my PIN and phone secure.
[ ] Terms & Conditions: I have read and agree to the SACCO Mobile Banking Terms and Conditions.

SECTION 5: DECLARATION & SIGNATURE

I hereby declare that the information provided above is true and correct. I authorize **Bunge Regulated NWDT SACCO Society Limited** to activate Mobile Banking services on my account using the details provided.

Member's Signature: _____ Date: ___ / ___ / 20___

SECTION 6: FOR OFFICIAL USE ONLY (SACCO STAFF)
(Do not write below this line)

Verification Check	Status
Member details verified against system?	[ ] Yes [ ] No
ID verified?	[ ] Yes [ ] No
Phone number verified (Call/SMS test)?	[ ] Yes [ ] No

System Activation Details

Activated By (Staff Name): _____

Staff Signature: _____ Date: ___ / ___ / 20___