



WANANDEGE SACCO LTD

- RTGS

APPLICATION FORM

APPLICANTS NAME..... I.D No.....

Attach copy of I.D (Mandatory)

MOBILE NO..... ADDRESS. P.O BOX.....POSTAL CODE.....

TOWN.....STAFF NUMBER.....

ACCOUNT NO

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(Attach statement)

TRANSFER AMOUNT *(Figures)*.....

TRANSFER AMOUNT

(Words).....

SOURCE OF FUNDS.....

BENEFICIARY NAME.....

BENEFICIARYBANK.....BRANCH.....

ACCOUNT NO.....

APPLICANTS SIGNATURE.....

DATE.....

CUSTOMER CARE RECEIVED STAMP

For Official use only(Confirm a/c bal and advice customer if funds are available RTGS charges kshs 1200/-)

FOSA TELLER RECOMMENDATION.....DATE.....

HEAD OF OPERATIONS APPROVAL.....DATE.....

FINANCE MANAGER CONFIRMATION.....DATE.....

Wanandegge Sacco Limited is the custodian of your data in compliance with Data Protection Act, 2019. The SACCO may disclose your Personal Data to 3rd Parties in good faith. This may be necessitated by but not limited to; legal obligations, loan recovery and IT Systems service providers contracted to work for the Sacco. By submitting this form, you are consenting to the above.