



MAGEREZA SACCO SOCIETY LTD
“PAMOJA TWASTAWI”

SACCOLINK ATM CARD REACTIVATION FORM.

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

ATM CARD NO.....
ID NO.....
NAME.....
MEMBERSHIP NO.....PF.NO.....WORK STATION.....
MOBILE NO..... EMAIL.....

(Please attach your SACCOLINK ATM CARD and Original National ID CARD)

Declaration by the card user.

I authorize Magereza Sacco to re-activate the above ATM card to my account and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as ammended from time to time). I agree that I will be liable for all charges incurred through the use of this card. I understand that my card re-activation can be declined by Magereza Sacco with reasons to the extent permitted by law.

SIGNATURE.....DATE.....

FOR OFFICIAL USE ONLY:

VERIFIED BY..... SIGNATURE.....DATE.....

APPROVED BY.....SIGNATURE.....DATE.....

ACTIVATED BY.....SIGNATURE.....DATE.....