

M-USHURU MOBILE APPLICATION FORM.

DATE	
PLEASE COMPLETE DE	TAILS IN CAPITAL LETTERS
Full Name.	Applicants ID NO
Employment Number	Membership Number
Mobile Phone no(s)	(Safaricom Number ONLY)
Email Address	
I want to use M-USHURU on the following menu acco	ounts:
Investment Withdrawal	Loan Payment (Maximum Kshs 150,000)
Sacco balance Enquiry	<u>Information</u>
M-Sacco balance Enquiry	Guarantors
Sacco Payments	Next of Kin
Please attach a copy of your national identification care USHURU Service.	d. You MUST be registered with M-PESA to use the M-
(*688#) is charged Kshs 0 and each SMS's shall be ch	arged a flat rate of Kshs 10. This amount shall be deducted
from your account each time an SMS is sent.	
Declaration by the Applicant:	
I hereby apply for M-USHURU solution. I warrant you that the information given above is true and complete and I	
authorize you to make any inquiries necessary in conne	ection with this application. I accept and agree to be bound by
the conditions of use. I agree that I am liable for charge	es incurred through the use of this Facility. I hereby indemnify
the Sacco against all losses that they may incur as a res	sult of my use of the facility. I understand that the Sacco
reserves the right to decline the application without give	ving reasons.
Applicants ID NO	ure:
FOR OFFICIAL USE ONLY	
Verified By:Date Verified:	
Approved By:Date App	roved: