**PCL Group Sacco Mobile Banking Registration/Amendment Form.**

Request type (Tick) New Amend Close PIN Reset

**NOTE:** PRINT IN BLOCK LETTERS and complete all sections.

**Section A: Customer Details.**

Mr Ms Miss Mrs

First Name: Surname:

 COMPANY/

 EMPLOYER

ID Type:

SACCO/Payroll number

Postal Address:

Email Address:

 ID No:

+265

Cell:

Please Add/Remove the following mobile phone numbers accordingly.

**Section B: Linked Mobile Phone.**

SMS Notification

Add

Remove

Cell Cell

**Section C: Services applied Accounts.**

Yes / No

Yes/ No

I would like to access the following features/ services ***(please tick preferred service below)***

Balance enquiry all savings products Balance enquiry all loan products

Balance enquiry other products (specify)

## Summary of terms of use for service

Funds transfer

1. *Funds can be transferred from deposits account only*
2. *Use of the service has the following charges:*

*(a) Balance enquiry: MWK0.00 per session (b) Mini Statement: MWK0 per session currently,*

 *(c) Funds Transfer to Wallet or Mpamba is charged per transaction.*

1. *The Institution will not be held liable for transfer to wrong accounts*
2. *The institution will not be held liable for un authorized access to your account out of your negligence*
3. *I acknowledge that I have read and understood the above terms of use for the product and by executing* this document; I express my consent and willingness to abide by those conditions.

Signature Date

Member/customer number/Employment number

**Office Use Only.**

Received by Approved by Processed by

# Date: Date: Date:

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