



**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:

ID Type:  ID No:  Cell:

SACCO/Payroll number  COMPANY/EMPLOYER

Postal Address:

Email Address:

**Section B: Linked Mobile Phone.** Please Add/Remove the following mobile phone numbers accordingly.

<input type="checkbox"/> Add	SMS Notification	Remove <input type="checkbox"/>
Cell <input type="text"/>	<input type="text" value="Yes/ No"/>	<input type="text"/>
Cell <input type="text"/>	<input type="text" value="Yes / No"/>	<input type="text"/>

**Section C: Services applied Accounts.**

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)  Funds transfer

**Summary of terms of use for service**

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.
  3. The Institution will not be held liable for transfer to wrong accounts
  4. The institution will not be held liable for un authorized access to your account out of your negligence
- a.) 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 \_\_\_\_\_

**Office Use Only.**

Member/customer number/Employment number

Received by \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

Processed by \_\_\_\_\_ Date: \_\_\_\_\_

**NB: PLEASE FILL ATNM NUMBER ON MOBILE NUMBER**