

**ANGAZA AFRIKA MOBILE REGISTRATION FORM**



**Name:** .....

**Date of Birth:** .....

**Nationality:** .....

**ID Number/Passport number:** .....

**Mobile Number:** .....

**Email :** .....

**Signature:** .....

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**OTHER DETAILS:**

**A. NEXT OF KIN:**

1. Name of Father: .....

Mobile Number: .....

Place of Residence: .....

2. Name of Mother: .....

Mobile Number: .....

Place of Residence: .....

To Angaza Afrika Sacco Ltd

I agree that this mobile service shall be operated solely at the discretion of the Sacco and hereby agree to indemnify the Sacco at my cost against any loss or claims arising out of the service. I Confirm having read and understood the General terms and conditions governing use of Mobile Banking services by Angaza Afrika Sacco Ltd and hereby accept and abide by them

-Email the form to **registration@angazafrikasacco.co.ke**