



IG (INVEST AND GROW) SACCO SOCIETY LTD
IG PLAZA, KHALISIA ROAD 3
P. O. BOX 1150, 50100 KAKAMEGA- KENYA
TEL/NO. 056 – 30864, Mobile 0726340851/ 0736333334,
Email: info@igsaccoltd.co.ke, Website:www.igsaccoltd.co.ke

SACCOLINK ATM CARD APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTER

1. PERSONAL DETAILS

Full Name _____

Applicant ID No: _____ Sacco Account Number _____

P.O Box _____ Postal code _____ Town _____

Cell Phone No _____ Email: _____

2. Application reason (Tick one)

New Application

Replacement: Reason: _____

3. DECLARATION

I authorize Invest & Grow (IG) Sacco to issue an 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 amended from time to time). I agree that I am shall be liable for all charges incurred through the use of this card. I understand that my application can be declined by Invest & Grow (IG) Sacco without giving reasons to the extent permitted by law.

4. For official use: (Sacco)

Verified by: _____ Sign _____ Date _____