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## SPOT CASH APPLICATION FORM.

DATE \_\_\_\_\_

### PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

FULL NAME \_\_\_\_\_

NATIONAL ID. NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOBILE PHONE NO(S) \_\_\_\_\_

Please verify your mobile phone number: \_\_\_\_\_

INSTITUTION \_\_\_\_\_

### SPOTCASH SERVICES.

NO.	SERVICE CATEGORY	AVAILABLE SERVICES
1.	Banking services	Money withdrawal / Deposits, Loan repayments, Loan disbursements, Share contribution, Pay utility bills Account Transfers Loan Application

2.	Alerts	Salary notifications debit / credit alerts. ATM transaction alert. Guarantors notifications dividend alert. Standing orders notification.
3.	Enquiries	Balance enquiry. Mini statements. Loan / account balances.

**Declaration by the Applicant.**

I hereby apply for spot cash solutions. I warrant you that all the information given above is true, complete and I authorize you to make any inquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that I am liable for charges incurred through the use of this facility. I hereby agree to indemnify the sacco against all losses that it may incur as a result of my use of this facility. I understand that the sacco reserves the right to decline the application without giving any reasons.

Applicant's ID. No. \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Account Balance as at: Date \_\_\_\_\_ Amount: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date \_\_\_\_\_

Input in the system by: \_\_\_\_\_ Date \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_