POLYMED SACCO	Chipatala Avenue, P.O. Box 30357, Chichiri, Blantyre 3 Tel: +265 (0) 998 300 203/204/201 E-mail: polymedsacco@poly.ac.mw Website: www.polymedsaccomw.com	CCO
Mobile Banki	ing Application/ Amendment Form.	
Request type (T	New Amend Close PIN Reset IN BLOCK LETTERS and complete all sections.	
[
Section A: Co	ustomer Details.	
First Name:	Surname:	
ID Type:	ID No: Cell +265	
SACCO Numbe	er/Employment: Email:	
Postal		_
Address:		
Section B: Li	nked Mobile Phone. Please Add/Remove the following mobile phone numbers accordingly	•
	Add SMS Notification Remove	
Cell		
Cell	Yes/ No	
	Yes / No	
Section C: Se	rvices applied Accounts.	
I would like to a	access the following features/ services (please tick preferred service below)	
Balance enquiry	y all savings products Balance enquiry all loan products	
	y other products (specify) Funds transfer	
	ms of use for service can be transferred from demand deposits only	
	the service has the following charges: (a) Balance enquiry: MWK100.00 per session, (b) Mini Statement: 50.00 per session, (c) Funds Transfer: Charged per transaction amount (refer to charges list).	
3. The Ins	stitution will not be held liable for transfer to wrong accounts titution will not be held liable for un authorised access to your account out of your negligence	
ection E: Decla	ration.	
	owledge that I have read and understood the above terms of use for the product and by execut ocument; I express my consent and willingness to abide by those conditions.	ing
	Date	
Office Use O)nly.	
Member/custo	omer number/Employment number	
Received by _	Date	