Tanzania Prisons Staff Saccos

Application Type

New

Application Form - Self Service Mobile Application

Modification



								ACCUS	
	PASSPORT SIZE PHOTO								
I. Customer Details									
Full name									
District			Da	ate	D	D	MM	ΥY	Y Y Y
E-mail	Phone Number								
	PSSACCOS Overnment Ot	hers				Inst	titutio	n	
No. Client Name		Check number/ Employee no				0			
1									
2									
3									
4									
5									
*For additional Client Details please attach separate sheet									
3. Required Functionality (Tick where Requir	ed)								
Balance Check Loan Applications					[Depos	its T	ransfer
3.1 Payment Athorisation Matrix ((Tick w	here								
Required) Single Dual]								
3.2 Transactions Limits (Please indicate the	transaction limit required and authori:	zation	manda	te)					

Amount Limit	Authorization Mandate					
	Any of signatory [A,B or C] 2 signatories [A and B or C] 3 signatories [A, B and C]					
	Any of signatory [A,B or C] 2 signatories [A and B or C] 3 signatories [A, B and C]					
	Any of signatory [A,B or C] 2 signatories [A and B or C] 3 signatories [A, B and C]					
*For additional Authorization Mandate please attach separate sheet						

4. Name and Signature(s) of the Client

Signature

Name:	
Title:	
Date:	

STATION STAMP

Next of keen

Name: Relationship:

Tel number:

FOR ICT USE ONLY

Application received and checked by:

Name

Designation

Signature & Date

.....

CIF Number

Approved by:

Name

Designation

Signature & Date

.....

Created by:

Name

Designation

Signature & Date

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