



APPLICATION FORM FOR APPROVAL OF A SPECIFIC AGENT

PART 1: GENERAL INFORMATION

- 1. Name of the Sacco .....
- 2. Contact Information
  - a) Postal Address .....
  - Telephone Numbers .....
  - b) Physical Address: .....
  - .....
  - c) License No. ... ..CS No. ....
- 3. Name of the Bank proposing the Agency Banking .....

PART 2:

- 1. What is the Sacco’s projected annual income from the agency operations?.....
- 2. Besides the projected income, what other benefits will the Sacco get by engaging in the Agency banking business?  
.....  
.....  
.....
- 3. What concerns do you have on the agency banking business and what steps have been taken to address them?  
.....  
.....  
.....  
.....

PART 3:

- 1. What agency services has the Bank proposed to the Sacco society? Tick as appropriate.
 

Cash deposit and cash withdrawal	<input type="checkbox"/>
Cash disbursement and cash repayment of loans	<input type="checkbox"/>
Cash repayment of bills	<input type="checkbox"/>
Cash repayment of retirement and Social benefits	<input type="checkbox"/>
Cash payment of salaries	<input type="checkbox"/>
Transfer of funds	<input type="checkbox"/>
Balance enquiry	<input type="checkbox"/>
Generation and issuance of mini bank statements	<input type="checkbox"/>
Collection of documents in relation to account opening, loan application, credit and debit card application	<input type="checkbox"/>
Collection of debit and credit cards	<input type="checkbox"/>
Agent mobile phone banking services	<input type="checkbox"/>



2. Does the Sacco currently provide any of the services listed in (1) above. Yes/No. If yes list them below:  
.....  
.....  
.....  
.....  
.....  
.....  
.....
  
3. What technology or delivery channel will the Sacco use in offering the agency banking services?  
.....  
.....  
.....  
.....
  
4. Does the draft agency banking contract provide for re-negotiation or termination if the Sacco's expectations are not satisfied? YES/ NO (If YES indicate the clause Ref. number) .....  
.....  
.....  
.....
  
5. What is the proposed date of commencing operations? .....
  
6. Provide certified copy of the board resolution approving the undertaking of agency banking operations.

**DECLARATION**

We, the undersigned, being officers of the Sacco Society, declare that to the best of our knowledge and belief, the information contained herein and any attachments is complete, accurate and true.

- a) Chairperson (Full names) .....  
Signature..... Date .....
  
- b) Chief Executive Officer (Full names) .....  
Signature..... Date .....