Dimkes DT Sacco
Your faithful financial partner!
DIOCESE OF MT. KENYA SOUTH

HQ Serial No.OI/ .....
Bishop Magua House, Fifth Floor
Kiambu(next to ACK St. James Cathedral)
P.O Box 886-00900 Kiambu
Mobile; 0111 033100 / 0719 212730

STANDING ORDER

Date: _____

APPLICANT DETAILS

Member Name

Mmeber Number

INTER FUND ACCOUNT TRANSFER

INSTRUCTION DETAILS:

NEW ☐ STOP ☐ S.T.O NO. _____ AMEND ☐ S.T.O NO. _____

EFFECTIVE DATE D D M M Y Y Y Y FREQUENCY (TICK ONE) D W M Y

AMOUNT IN FIGURES:

AMOUNT IN WORDS:

PURPOSE OF PAYMENT IF LOAN, LOAN NO

TO BENEFICIARY ACCOUNT NAME:

BENEFICIARY ACCOUNT NO.

I/We hereby request all standing order instructions on Account Number

I/We understand that the payment must be affected on the effective date specifies above (or the following instruction day in the event of a holiday)

I/We understand that the bank resrves the right to change/vary penalties if there are no sufficient funds in/our account

Customer(s) ID No. _____ _____ _____

Member(s) Signature _____ _____ _____

DISCLOSURE OF ACCOUNT INFORMATION TO THIRD PARTIES

The Sacco will keep all your personal data confidential. However, in order to serve your needs and provide you with the services you require, we may share any information you provide to us with our subsidiary company, agents and service provider. We will ensure that if we share such information with third parties, any such disclosure is at all times in compliance with our Data Protection Policy and the law.

I/We, hereby authorize the Sacco to use My/Our contact details to send information about products and services including but not limited to offers and promotions which may be of interest to me/us. The Sacco may do this by phone, post, email, text or through other digital media.

I/We confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act, 2019 or all other applicable laws as may be amended from time to time, on this day _____ month _____ year _____ .

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Witnessed by: Name: _____ Signature: _____ Date: _____

OFFICIAL USE ONLY

BRANCH

VERIFIED BY: SIGN

INPUT BY SIGN

AUTHORISED BY: SIGN