

ISSUE FORM NO.....

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SACCO	SOCIETY	LIMITED

PLEASE COMPLETE DET	Tails in Capita	L LETTERS		I	MO.,,	, 19 9 080899999	2929Q
Branch:			Date:				
Surname							
First Name							
Middle Name						\$	
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Applicant's ID No.						-	
Account Number:						www.hgurinoreijimici.povimnotowihyti.co.bg	
P.O. Box		Post	al Code			Т	
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Town							
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Office Tel.		Mobile	Number				
House Telephone							
Declaration by the Card	Applicant						
/We authorise the ARDHI S	Sacco to issue an ATI	M card to my ac	count and wa	rrant that the	information	given above	is the
rue and complete. I/We aut							
nd agree to be bound by th	ne conditions of use	, detailed overl	eaf (as amend	led from time	to time).	/We agree	that I
m/Will be liable for all char	ges incurred through	h the use of this	card. I/We	understand th	at My/Our	application of	an be
eclined by the ARDHI Sacco	without giving reas	ons to the exten	t permitted b	y law.			
applicants Signature (s):			Date				
				3.7			
or official use							
acco: Verified by:							