

GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 058-30357; FAX: 058-31021 KISII.

Website: <http://www.gusiimwalimusacco.co.ke> ; Email Address: info@gusiimwalimusacco.co.ke

M-BANKING PIN RE-GENERATION FORM

CUSTOMER INFORMATION:

Customer Full Names:	ID/Passport Number: (Attach Copy)
Mobile Phone Number:	Email Address:
Payroll Number (TSC / Personal Number):	Membership Number:

Reason for Reissue

Lost PIN Mailer Forgot PIN Other Specify : _____

Indemnity:

I hereby agree that as long as the Sacco acts in compliance with this Authorization, the Sacco shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Sacco's part in responding to instructions received by Bank.

Signature:

[Verify Signature]

Date:

FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)

Description	Yes	No
Application details confirmed against ID card		
Mobile Number exists on Sacco system and CMS		
Signature and Photo Confirmed		
Transaction History Confirmed		

BRANCH NAME(if any):

Customer Interview, Identification and Verification done by:

Name:

Signature:

Date:

Authorized by:

Name:

Signature:

Date:

**USER STAMP
AND
SIGNATURE**