



# KEYSTONE DT SACCO

## The Sacco of Choice

**P.O BOX 2073, TEL (057) 2024767, MOBILE: 0799946225, KISUMU – KENYA**

**Email: [kitesacco@gmail.com](mailto:kitesacco@gmail.com), [info@kitesacco.co.ke](mailto:info@kitesacco.co.ke) Web: [www.kitesacco.co.ke](http://www.kitesacco.co.ke)**

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Name:.....

Address.....

Tel /Cell No.....

Date: .....

### **M-BANKING / PESA PEPE CLAIM FORM**

(a) I advise that I made a transaction on .....but the transaction failed, however, I have noted that my account was debited with the same amount.

(b) I made two attempts at ....., only one transaction was successful however my account was debited twice.

(c) Other

.....

.....

My account number is .....

My mobile number is .....

Amount of transaction .....

Date of transaction .....

Would you please refund me by crediting my account.

Yours faithfully

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### **Sacco Officials (Signatures)**

Received By .....

Date:.....

Refunded By.....

Date:.....

**ATTACH COPY OF NATIONAL IDENTITY CARD**