



KEYSTONE DT SACCO

The Sacco of Choice

KEYSTONE DT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

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MOBILE BANKING PIN RESET FORM

A. PLEASE COMPLETE DETAILS IN CAPITAL LETTERS:

DATE: _____

APPLICANT'S FULL NAME: _____

ID NUMBER: _____ MNO: _____

MOBILE NUMBER REGISTERED FOR M-BANKING: _____

REASON FOR REISSUE:

FORGOT PIN: _____ OTHER SPECIFY: _____

B. INDEMNITY:

I warrant you that the information given above is true and complete. I accept to be bound by the conditions of use. I agree that I am liable for all charges incurred through the use of this facility. I indemnify the KEYSTONE SACCO against all losses that may occur as a result of my use of this facility. I understand the SACCO reserves the right to decline my application without giving reasons.

Signature: _____ Verify Signature: _____ Date: _____

OFFICIAL USE:

Applications details confirmed	YES	NO
Mobile number exists on Sacco System	YES	NO
Signature confirmed	YES	NO
Transaction history confirmed	YES	NO

RESET DONE BY: _____ DATE: _____