**P.O. Box 2073-40100, Kisumu Tel no: 057-2024767/0799-946-225.**

**Email: keystonedtsacco@gmail.com, info@keystonedtsacco.co.ke Web: www.keystonedtsacco.co.ke**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_