



**MWITO SACCO SOCIETY LTD
P.O. BOX 56763-00200 NAIROBI**

M-SACCO PIN REGENERATION REQUEST FORM

Member Information:														
Name:	ID/Passport Number:													
MSACCO Mobile Phone Number:	Email Address:													
Please attach a copy of your national ID Card *This is Mandatory														
Reason for Regeneration														
<input type="checkbox"/> Lost PIN <input type="checkbox"/> Forgot PIN <input type="checkbox"/> Other Specify : _____														
Indemnity:														
<p>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.</p>														
Signature:	[Verify Signature]	Date:												
FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Member details confirmed in the system</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Msacco Mobile Phone Number exists on Sacco system</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Signature and Photo Confirmed</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Transaction History Confirmed</td> <td>Yes</td> <td>No</td> </tr> </table>		Member details confirmed in the system	Yes	No	Msacco Mobile Phone Number exists on Sacco system	Yes	No	Signature and Photo Confirmed	Yes	No	Transaction History Confirmed	Yes	No	<p>USER STAMP AND SIGNATURE</p>
Member details confirmed in the system	Yes	No												
Msacco Mobile Phone Number exists on Sacco system	Yes	No												
Signature and Photo Confirmed	Yes	No												
Transaction History Confirmed	Yes	No												
Customer Interview, Identification and Verification done by:														
Name:	Signature:	Date:												
Authorized by (Fosa Supervisor/Accountant)														
Name:	Signature:	Date:												