

KENVERSITY SACCO SOCIETY LIMITED



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Email: info@kenversitysacco.co.ke

MOBILE BANKING PIN RESET FORM (Please Complete the Details in Capital Letters)

Date:/...../.....

Full Names:

Applicant's ID/ Passport No. Membership Number:

SAFARICOM Phone Number (**MBANKING REGISTERED NUMBER**):

DECLARATION:

- 1) I wish to have my mobile Banking Pin reset.
- 2) I authorize Kenversity Sacco limited to issue me with M-banking credentials and warrant that the information given above is true and complete.
- 3) I authorize the Society to make any necessary enquiries in connection with the application.
- 4) I accept and agree to be bound by the conditions of use.
- 5) I hereby indemnify Kenversity Sacco against all losses that they incur as a result of my use of the facility.
- 6) I understand that Kenversity Sacco reserves the right to decline the application without giving reasons to the extent permitted by law.

Applicant's Signature(s): Date:

FOR OFFICIAL USE:

Received by: Signature: Date:

Authorized by: Signature: Date:

Approved by: Signature: Date:

Reset by: Signature: Date: