KENVERSITY SACCO SOCIETY LIMITED



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

Address: P. O Box 10263 – 00100

Tel: 020 8002371/2

Cell: 0715 114454 / 0736 710906
Website: www.kenversitysacco.co.ke
Email: info@kenversitysacco.co.ke

MOBILE BANKING PIN RESET FORM

	• •			
Ful	Full Names:			
Аp	Applicant's ID/ Passport No	Membership	Number:	
Sat	Safaricom Phone Number (MBANKING	REGISTERED NUMBER):		
DE	DECLARATION:			
1)	1) I wish to reset my mobile Banking	wish to reset my mobile Banking Pin.		
2)	2) I authorize Kenversity Sacco limited	I authorize Kenversity Sacco limited to issue me with M-banking credentials and warrant that		
	the information given above is true	the information given above is true and complete.		
3)	3) I authorize the Society to make any	$\ensuremath{\mathrm{I}}$ 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)	5) I hereby indemnify Kenversity Saco	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.			
Ар	Applicant's Signature(s):		Date:	
FC	FOR OFFICIAL USE:			
Received by:		gnature:	Date:	
Ар	Approved\Verified by:	. Signature:	Date	
Activation by:		ignature:	Date:	