

KENPIPE SAVINGS AND CREDIT SOCIETY LTD

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PIN GENERATION REQUEST FORM

Cardholder Information:			Station Name :
Name:		ID/Passport Number:	
Mobile Phone Number:			Email Address:
FOSA Account Number:			Card Number:-Indicate Last 10 Digits
Reason for Reissue			
□ Lost PIN Mailer □ Forgot PIN □ Other Specify:			
Indemnity:			
I hereby agree that as long as the bank acts in compliance with this Authorization, the Bank 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 Bank's part in responding to instructions received by Bank.			
Signature:	[Verify Signature]		Date:
FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)			
Application details confirmed against physical card Yes No			
		Yes No	
Card Number exists on Sacco system and CMS Application details confirmed against physical card		Yes No	
Signature and Photo Confirmed		Yes No	
Transaction History Confirmed		Yes No	
LICED CTANAD			
BRANCH NAME(if any):			USER STAMP AND
Customer Interview, Identification and Verification done by:			SIGNATURE
Name:	Signature:	Date:	
Authorized by (Fosa Manager/Accountant)			
Name:	Signature:	Date:	

