

UNDISPENSED ATM/MWALIMU-HELA WITHDRAWAL CLAIM FORM

Date: _____

Last Name: _____ First Name: _____

Account No.: _____ Passport/ID No.: _____

Senator Card No.: _____ Mwalimu-HELA Phone No(s): _____

Undispensed Amount

Transaction Date

1. KShs. _____ Date: _____

2. KShs. _____ Date: _____

3. KShs. _____ Date: _____

Outlet:

Name: _____ Currency: _____ KShs/Dollars/Other.

1. Was not successful; settled my bill by other means (i.e., cash, other card) attach evidence of other payment.
2. Was duplicated.
3. Cash was not dispensed at the ATM.
4. I did not participate and did not authorize the transaction (internet transaction only).
5. Was not successful and goods / services were not supplied.
6. Do not recognize the transaction.

Tick as appropriate....

Any other reason _____

I have also attached a copy of the transaction receipt for your review and action.

I hereby on execution of this form as the claimant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and processing of this claim and future analysis whether in electronic or other form

Name: _____ Sign: _____ Date: _____

*FOR OFFICIAL USE ONLY

Confirmed by:

Last Name: _____ First Name: _____

Signature: _____ Date: DD / MM / YYYY