Mwalimu National

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UNBLOCKING OF MY ATM CARD

NAME:			
P.O. Box:	Code:	Town:	
Date: DD. / .MM. /			
RE: <u>UNBLOCKING O</u>	F MY ATM CARD		
I (Full Name):			
ID No.:me use the card.	hereb	by authorize you to unblock my	ATM card which is blocked to enable
Signature:			
CONTACT PARTICU	<u>LARS</u>		
transfer, in electronic or o	ther form, of my person		ly consents to the collection, use and iment by the Sacco for the purposes of nic or other form
Name:		Sign:	Date:/_MM/YYYY
Card No.:			
TSC / PF No.:			
Acc. No.:			
Mobile No.			