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FORGOTTEN/LOST PIN NUMBER REQUEST FORM

Name: _____

P.O. Box: _____ Code: _____ Town: _____

Date: ____/____/____ DD/MM/YYYY

RE: FORGOTTEN/LOST PIN NUMBER REQUEST FORM

I (Full Name) _____

ID/No. _____ hereby authorize you to request for an ATM PIN Number to enable me access my funds from the ATM at a cost of Kshs.200.00

Signature: _____

CONTACT PARTICULARS

Card No. _____

TSC/PF. No. _____

A/C. No. _____

Mobile No. _____