KINGDOM SACCO SOCIETY LIMITED

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ATM PIN REGENERATION REQUEST FORM

Cardholder Information:

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
Card Number exists on Sacco system and CMS	Yes	No
Signature and Photo Confirmed	Yes	No
Transaction History Confirmed	Yes	No

BRANCH NAME(if any):

Customer Interview, Identification and Verification done by:

Name:	**Signature:**	**Date:**
Authorized by (Fosa Manager/Accountant)		
Name:	**Signature:**	**Date:**

USER STAMP AND SIGNATURE