



## ATM PIN REISSUE

### EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P. O. BOX 178, EGERTON. TEL/FAX 0722144734/0733999002 Email: info@egertonuniversitysacco.coop  
Website: www.egertonuniversitysacco.coop

<b>Cardholder Information:</b>																						
<b>Name:</b>	<b>ID/Passport Number:</b>																					
<b>Mobile Phone Number:</b>	<b>Email Address:</b>																					
<b>FOSA Account Number:</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											<b>Card Number:-Indicate Last 10 Digits</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											
<b>Reason for Reissue</b>																						
<input type="checkbox"/> Lost PIN Mailer <input type="checkbox"/> Forgot PIN <input type="checkbox"/> Other Specify : _____																						
<b>Indemnity:</b>																						
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.																						
<b>Signature:</b>	[Verify Signature]	<b>Date:</b>																				
<b>FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)</b>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Application details confirmed against physical card</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Card Number exists on Sacco system and CMS</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Signature and Photo Confirmed</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Transaction History Confirmed</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		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	<b>USER STAMP AND SIGNATURE</b>								
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																				
<b>BRANCH NAME(if any):</b>																						
Customer Interview, Identification and Verification done by:																						
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>																				
<b>Authorized by (Fosa Manager/Accountant</b>																						
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>																				