



Trans Nation Sacco Ltd.

Committed to serve

Email- info@tnsacco.co.ke

PAYBILL DEPOSIT CLAIM FORM.

Claimants Name

Claimants ID NO:.....

Claimants Mobile No:.....

Amount deposited.....

M-pesa transaction code.....

Transaction Date.....

ReasonFor Deposit.....

Right Account Number.....

Right Account Name.....

Wrong Account Number.....

Signature of Claimant.....Date:

For Official use only.

❖ Received by

Signature

Corrected By:.....

Signature :.....

Disclaimer: UNDER NO CIRCUMSTANCES SHALL WE INCUR ANY LIABILITY TO YOU FOR ANY LOSS OR DAMAGE OF ANY KIND INCURRED AS A RESULT OF THIS REQUEST.