# Trans Nation DT Sacco Ltd

Committed to Serve

***ATM WITHDRAWAL CLAIM FORM.***

**Name .....**

**Staff No. ..... ID NO:.....**

**Mobile No.....**

**Email address:.....**

**ATM Card No(last 8 digits).....**

**Number of attempts:**

| Bank | Branch | Amount (Kshs.) | Comm. | Date |
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**Signature of Claimant. ..... Date: .....**

**For Official use only.**

- **Checked by .....**

  **Signature .....**