Trans Nation DT Sacco Ltd

Committed to Serve

PAYBIILL 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.