



# Trans Nation Sacco Ltd.

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## Committed to serve

Email- [info@tnsacco.co.ke](mailto:info@tnsacco.co.ke)

### **PAYBILL DEPOSIT CLAIM FORM.**

Claimants Name .....

Claimants ID NO: .....

Claimants Mobile No: .....

Amount deposited.....

M-pesa transaction code.....

Transaction Date.....

Reason For 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.**