

M-Pesa Refund Form

Claimant Details:

Name: _____

Mobile No. _____

Id No: _____

Amount Transacted _____

Date Of Transaction _____

M-Pesa Ref No. _____

Account No. Credited _____ Name _____

Claimant Signature _____ Date _____

Customers Instructions:

a) Reverse To Claimant Mobile No. _____

b) Pay To The Intended Account No. _____ Name _____

For Official Use Only

Received By: Name _____ Staff No. _____ Signature _____

Receiving Officers Remarks; _____

Branch Manager Instructions To Accounts:

c) Reverse To Claimant Mobile No. _____

d) Pay To The Intended Account No. _____ Name _____

e) Other Instructions _____

B/M Name _____ Staff No. _____ Signature _____

Finance & Accounts

Transaction Created By: Name _____ Staff No. _____ Signature _____

Updated By: Name _____ Staff No. _____ Signature _____