

COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

P.O.BOX 1931, NAKURU

Cardholder Information:																																									
Name:		ID/Passport Number:																																							
Mobile Phone Number:		Email Address:																																							
FOSA Account Number: <table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																					Card Number:-Indicate Last 10 Digits <table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																				
Reason for Reissue																																									
<input type="checkbox"/> Lost PIN Mailer <input type="checkbox"/> Forgot PIN <input type="checkbox"/> Other Specify : _____																																									
Indemnity:																																									
I hereby agree that as long as the bank acts in compliance with this Authorization, the Bank shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Bank's part in responding to instructions received by Bank.																																									
Signature: _____ [Verify Signature] _____		Date: _____																																							
FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Application details confirmed against physical card</td> <td style="width: 10%;">Yes</td> <td style="width: 20%;">No</td> </tr> <tr> <td>Card Number exists on Sacco system and CMS</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Application details confirmed against physical card</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Signature and Photo Confirmed</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Transaction History Confirmed</td> <td>Yes</td> <td>No</td> </tr> </table>		Application details confirmed against physical card	Yes	No	Card Number exists on Sacco system and CMS	Yes	No	Application details confirmed against physical card	Yes	No	Signature and Photo Confirmed	Yes	No	Transaction History Confirmed	Yes	No																									
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BRANCH NAME(if any):																																									
Customer Interview, Identification and Verification done by:																																									
Name:	Signature:	Date:																																							
Authorized by (Fosa Manager/Accountant)																																									
Name:	Signature:	Date:																																							

COSMOPOLITAN SACCO SOCIETY LIMITED – CARD & PIN GENERAL TERMS AND CONDITIONS

1.1. Safeguarding the Card

- a) A Cardholder(s) must exercise all due care and attention to ensure the safety of the Card and the secrecy of the PIN at all times and to prevent the loss of and/or use of his/her Card or PIN by any third party.
- b) A Cardholder in a joint account will be fully responsible for ensuring that the Personal Identification Numbers are only known to persons of due authority within the joint account. Subject to this a Cardholder must not disclose his/her PIN to anyone under any circumstances.
- c) If a Card is lost or stolen or if a PIN is disclosed to any unauthorized person, the Cardholder(s) must immediately notify the Sacco of such loss, theft or disclosure. Any oral notification must be confirmed in writing immediately. The Cardholder(s) must be liable in respect of any transaction instruction given prior to receipt by the Sacco of notification of such loss, theft or disclosure.
- d) The Cardholder will give the Sacco all information as to the circumstances of the loss, theft or misuse of the Card and take all steps deemed necessary by the Sacco to assist in the recovery of a missing card. In the event of such loss, theft or misuse being suspected, the Sacco may provide the police with any information it considers relevant. If a Card is reported as lost, stolen or liable to misuse, that Card must not subsequently be used but must be returned immediately to the Sacco.

1.2. Liability of Cardholders

- a) Subject to condition 1.1 the Cardholder(s) shall be fully liable in respect of each transaction instructions given by the use of his/her Card. Transaction instruction must be given in such a way that any confidential information displayed on a terminal is not disclosed to a third party. The Sacco shall not be liable for any disclosure to any third party arising out of a transaction instruction.
- b) The Cardholder should not hold the Sacco liable responsible accountable in any way whatsoever for any loss, injury or damage however arising out of the use of the terminal.
- c) The Cardholder must query any transaction instruction he/she considers suspicious within one month from the date of the statement.

1.3. Amendment of Conditions

The Sacco may vary this Agreement at any time whether or not a similar variation is made to the agreement(s) with any other Cardholder(s). Subject to the requirements of statute (if any) notification of any such variation or any other notification to be given by the Sacco shall be given to the principal Cardholder by the Sacco, either in writing or by publication thereof by such means as the Sacco may select and any variation whether notified or not shall be binding on the Cardholder.