Mobile Money Dispense Error Form



Please note that all sections must be completed. Incomplete forms will not be treated. ALL SECTIONS OF THIS FORM SHOULD BE COMPLETED IN BLOCK/CAPITAL LETTERS

Customer' Name:			
Mobile No.:		Account No.:	
E-mail Address:			
Please tick the box which identifies the type of transaction that was carried out:			
Fund Wallet:	ATM Combined Combined Application POS	Quickteller Website Agent	Internet Banking Bankteller
Transfer:	Bank to Wallet	Wallet to Bank Wallet to Un-registered	
Cash Out/Withdrawal:	АТМ 🗌	Agent	
Airtime Purchase:	MTN	9mobile Glo	
Other:			
Bill Payment:	Mention type of bill:		
Transaction Date	Transaction Amount		Reference ID/STAN
	for irregularities in the det		ation provided is accurate
Customer's Signature		-	Date
Official Use Only			
Officer's Name:	officer's Name: Signature:		