



BANK TO EWALLET(MOMO) FAILED TRANSACTION FORM

MEMBER IDENTIFICATION	
Names	
ID/Passport N°	
E-mail address	
TRANSACTION DETAILS	
Account N° in MUGANGA SACCO	
eWallet Registered Tel No	
Date of Transfer	
Mode of transfer	1. <input type="checkbox"/> Bank to eWallet 2. <input type="checkbox"/> eWallet to Bank
Wire transfer amount	
EMPLOYMENT DETAILS	
Name of Institution	
Hospital	
Health Center	
Position	

Done at, on/...../20....

Member's names:

Signature:

MUGANGA SACCO REVIEW

Names of employee:

Comment