

PAYBILL AND MERCHANT USSD APPLICATION FORM

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Serial No. **00000**

Company Profile

Company Name/Business Trading Name:.....

Paybill/Till Number:.....

Physical Address:.....

Postal Address:.....Postal Code:.....City/Town:.....

Contact Person name:.....Email Address:.....

Contact Number:.....

Payment Details: Where would you like to receive funds collected? (Tick One)

M-PESA (Recommended if collections are below KShs. 100,000 per day)

Name (As registered in M-PESA) [.....]

M-PESA registered mobile number [.....] ID number [.....]

Bank Account (Recommended for collections over KShs.100,000 per day)

Bank Name.....

Account Name [.....]

Account number [.....] Branch [.....]

Would you like to nominate a mobile number that will be authorised to request withdrawals via USSD (*234*4#)? Yes No

If yes, indicate the nominated M-PESA registered mobile number..... ID Number:.....

(Attach authorisation letter from the company and copies of ID for signatories)

Next of Kin details

Next of KIN: Name: [.....]

Mobile number: [.....] ID number [.....]

Form completed by: (Attach copies of ID)

First signatory: Name Date..... Signature.....

Second signatory: Name Date..... Signature.....

For official purpose only

Introducer/dealer/agent/Sales persons name:.....

Introducer (dealer):.....

Mobile Number:.....

Area sales manager's Name:.....