ONLINE FORM

SUBSCRIBER SIM REGISTRATION FORM

| FIRST NAME / JINA LA KWANZA: | | | | | | | |
|---|------------------------|---|--------------------------------|---------------------|---|---|--|
| MIDDLE NAME / JINA LA KATI: | | | | | | | |
| LAST NAME / JINA LA MWISHO: | | | | | | | |
| GENDER / JINSIA: | Male / Mume | | | F | emale / Mke | | |
| DATE OF BIRTH / TAREHE YA KUZALIWA: NATIONALITY / URAIA: (KENYAN) Identification type | DD/ MM/ YY | nal ID, Alien ID, Miliumber of identification. JIKANA: | tary ID, Pass tition docum | M-P M-PESA on to So | NGINE (SPECIFY COUNTRY plomatic ID) ed) NO / LA [NO / LA [Services and shall receivafaricom. I acknowledge edge that this Customer / | N: re a Start Key for acthat my use of the NAcceptance for M-PE | tivation of my account. A-PESA Service is subject SA Registration together |
| with the M-PESA Customer Terms a Customer Signature | | rute a binding agi | reement be | etween | me, Safaricom Limited o | and the M-PESA Hold | ding Company Limited." |
| Costomer signature | | | | | | | |
| MOBILE NUM (DATA OR VOICE | | Tick to register for M-PESA | | | MOBILE NI (DATA OR VO | | Tick to register for M-PESA |
| 1 | | | | 6 | | | |
| 2 | | | | 7 | | | |
| 3 | | | | 8 | | | |
| 4 | | | | 9 | | | |
| 5 | | | | 10 | | | |
| ALTERNATE CONTACT TELEPHONE NUM | IBER / NAMBARI 7AKO | 7INGINE 7A SIMU 1 | | | | | |
| ALTERNATE CONTACT TELEPHONE NUM | • | | | | | | |
| NB: One can only register a maximum | | | | | | | |
| DEDCOME LIMIDED 10 VEADS (DECISTED I | NI DDECENIOE OF A DUIL | T) / K)A/A \A/A O C | IINII WA LINADI | \A/A \ \ 41 | AVA VIIAAINIA NAINIANIE (10) | VIICIIIIIIIIIIIIIIAA ALA A | 4711 4714 4 4 |
| PERSONS UNDER 18 YEARS (REGISTER I FIRST NAME / JINA LA KWANZA: | | | | | | KOSHOHODIWA NA M | IIU MZIMA |
| MIDDLE NAME / JINA LA KWANZA | | | | | | | |
| LAST NAME / JINA LA MWISHO: | | | | | | | |
| GENDER / JINSIA: | Male / Mume | | nale / Mke | | | | |
| DATE OF BIRTH / TAREHE YA KUZALIWA: | | | ridie / Mike | | | | |
| I / We hereby confirm the information | | | lodge | | | | |
| Mimi / Sisi nathibitisha hapa kuwa ma | | , | Ü | ofahan | au mimi | | |
| Subscriber / authorized signatory signa | , , | , | , | | | MM /YY | |
| Sahihi ya mteja / ya mwakilishi ikiwa n | • | | | | | , | |
| To be filled by point of sale agent | | | | | | | |
| Seen customer in person | | 5 | 1 / A 1 | N 1 | | | |
| Customer completed subscriber registration form | | | Dealer / Agent Name: | | | | |
| | | | Dealer / Agent Outlet: | | | | |
| Proof of ID matched to the customer registering | | | Dealer / Agent Assistant Name: | | | | |
| Clear copy of National ID / F Diplomatic / Military ID attac | | Dec | aler / Agent | Assistar | nt ID / Passport No: | | |
| Dealer / Agent Signature and Stamp | | | | | | | |

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