

**AGENT STORE APPLICATION FORM** (Form to be returned to Safaricom House every 1st Tuesday of the month. Email: mpesaagentadmin@safaricom.co.ke)



New Form  Amendment  Sub Agent  (please tick appropriate box)

<b>NAME OF STORE</b>			
<b>REGION:</b>			
<b>ASSOCIATED AGENT/HEAD OFFICE:</b>			

**1. STORE DETAILS**

Postal Address			
<b>City/town:</b>		<b>Postal code:</b>	
Physical Location of Store			
<b>Office Phone No:</b>		<b>Fax No:</b>	
<b>Email:</b>			

**2. STORE PRIMARY ASSISTANT**

Name of Administrator			
<b>ID Numbe(Attach copy ):</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Name &amp; Mobile of key M-PESA Contact: (if different from above)</b>		<b>Email Address:</b>	

<b>Confirmation</b>	<b>Name:</b>	<b>Designation:</b>	<b>Signature/Official Stamp:</b>	<b>Date:</b>
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**Safaricom Internal Use Only**

Store Number	
Short Code/Till No	
Administrator's ID	
Sim No. allocated	
Phone Serial No.	

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