

CHANGA NA M-PESA APPLICATION FORM

SAFARICOM COPY

Serial No. 00000

Applicant Details

Name of Applicant:.....
 Physical Address:.....
 Postal Address:.....Postal Code:.....Town:.....
 Personal Mobile Number:.....Email Address:.....
 Passport/National ID No.:.....
 Proposed name of the account:.....

Applicant Details (if applying on behalf of beneficiary)

Name of Person/Group Applying:.....
 Physical Address:.....
 Postal Address:.....Postal Code:.....Town:.....
 Contact Mobile Number:.....Email Address:.....
 Passport/National ID No. of Contact Person:.....
 Proposed Name of Account:.....

Reason for Service Requested (tick relevant box)

Reason Medical Fund Education Fund Wedding Funeral Other:.....
 Duration of Use 1 Month 3 Months 6 Months

Tick appropriate box for the documents attached to this application.

Medical Fund	Education Fund	Funeral Fund	Wedding Fund	Charity/Catastrophe
<input type="checkbox"/> Copy of ID of applicant	<input type="checkbox"/> Copy of ID of applicant	<input type="checkbox"/> Copy of ID of applicant	<input type="checkbox"/> Copy of ID for the couple	<input type="checkbox"/> Cover letter from committee, signed by two authorised signatories stating purpose of the account
<input type="checkbox"/> Certified documents * Hospital admission form	<input type="checkbox"/> Institution admission letter	<input type="checkbox"/> Copy of burial permit/ death certificate	<input type="checkbox"/> Email with details on the couple and the wedding	<input type="checkbox"/> Letter/email from bank showing account has been set up for intended purpose
<input type="checkbox"/> If minor attach birth certificate/affidavit				
<input type="checkbox"/> Bank statement/Letter from bank/Canceled cheque	<input type="checkbox"/> Bank statement/Letter from bank/Canceled cheque	<input type="checkbox"/> Bank statement/Letter from bank/Canceled cheque	<input type="checkbox"/> Bank statement/Letter from bank/Canceled cheque	<input type="checkbox"/> Bank statement/Letter from bank/Canceled cheque

Payment Details:

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:.....

Disclaimer: M-PESA limits apply.

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

Bank Name:.....Branch:.....
 Account Name:.....Account number:.....

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:.....

Customer Declaration

I/we confirm that the information provided in this form is correct and that by appending my signature below I/we confirm that we have read and understood the terms and conditions appearing overleaf and agree to be bound by them.

Signed this:.....day of.....20.....

Authorized Signatory name:.....Signature.....

Designation of Authorized Signatory:.....

NOTE:

Form to be returned to nearest Safaricom Retail Shop or sent to changa@safaricom.co.ke



