



SAFARICOM DEVICE APPLICATION FORM

1. Name.....ID NO.....

2. Mobile Number Email address.....

3. Credit Card No.: XXXX . (Only first 4 and last 4 digits).

4. KCB account Number (if applicable)

5. Electronic device/s chosen.....Total price.....

I authorize KCB Card Centre to debit my Credit card account with Kes on a monthly basis for Months on the card due date, being payment for the above products I have chosen.

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 Months	

I understand that by signing this request, I have agreed to be fully liable in fully paying for the product.

All devices purchased shall be checked before accepting delivery and will remain under manufacturer’s warranty for stated period on warranty card.

Preferred Safaricom outlet where the device selected will be collected.....

Signature Date.....

(Customer to sign)

This form and any bank queries to be mailed to: safaricom@kcbgroup.com

FOR OFFICIAL USE ONLY

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 ST Instalment			
Balance			

SignatureDate.....

(KCB Card Center official to sign)