

**M-PESA APPLICATION FORM**

**EXTRA TILL APPLICATION FORM**

**EXTRA TILL APPLICATION FORM** (Form to be returned to Safaricom House, 5th Floor M-PESA Department Email: mpesaagentadmin@safaricom.co.ke)

N/B: This form must be confirmed, signed and officially stamped by the organisation/company

**NAME OF STORE**

**REGION:**

**ASSOCIATED AGENT/HEAD OFFICE:**

**STORE DETAILS**

**Postal Address**

**City/town:**

Postal code:

**Physical Location of Store**

**Office Phone No:**

Fax No:

**Email:**

**Confirmation**

<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.**