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 $\Box$		Sub Agent		(please tick appropria	ate box)		a contra contractor
NAME OF STORE									
REGION:									
ASSOCIATED AGENT/HEAD OFFICE:									
1. STORE DETAILS									
Postal Address									
City/town:					Postal code:				
Physical Location of Store									
Office Phone No:						Fax No:			
Email:									
2. STORE PRIMARY ASSISTANT									
Name of Administrator					1	<b></b>			
ID Numbe(Attach copy ):					Mobile:				
Email:									
Name & Mobile of key M-PESA Contact: (ii	f different from abo	ve)		т	Email Address:				
	Name:			Designation:		Signature/Official Stam	p:	Date:	
Safaricom Internal Use Only	[			T					
Store Number									
Short Code/Till No									
Administrator's ID									
Sim No. allocated									
Phone Serial No.				]					

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New Forn口		Amendment				(please tick appropriate box)		Crise Deller option
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ID Number:					Mobile:			
Email:								
Name & Mobile of key M-PESA Contact (ii	f different from abo	ve)			Email Address:			
	r							
Confirmation	Name:			Designation:		Signature/Official Stamp:	Date:	
Safaricom Internal Use Only								
Store Number								
Short Code/Till No								
Administrator's ID								
Sim No. allocated								
Dhana Sarial Na								
Phone Serial No.								