

Branch _____ Date: _____

PLEASE USE UPPER CASE TO FILL OUT THE FORM

[illegible]

I/We request you to link the following accounts to Mobile Banking:

[illegible][illegible]

CUSTOMER USE ONLY

Authorised Signatory 1

Name:

ID/Passport Number:

Signature:

Authorised Signatory 3

Name:

ID/Passport Number:

Signature:

Authorised Signatory 2

Name:

ID/Passport Number:

Signature:

Authorised Signatory 4

Name:

ID/Passport Number:

Signature:

FOR BRANCH USE ONLY

EMAIL ID:

MOBILE NO:

Please tick below checklist for information provided by the customer:

- | | |
|--|---|
| <input type="checkbox"/> Name/DOB | <input type="checkbox"/> CIF ID |
| <input type="checkbox"/> National ID/ Passport Number | <input type="checkbox"/> Account Details |
| <input type="checkbox"/> KRA Pin | <input type="checkbox"/> Email/Mobile Number Provided for Alert |
| <input type="checkbox"/> Only one service (Mobile Banking/
Cash 2 Bank) is selected | <input type="checkbox"/> T&C Signed by Primary/ Joint Holder(s) |
| <input type="checkbox"/> Appropriate Alert (DR/CR/Both) is selected | |

We have verified the details furnished in the application and confirm the details and signatures are as per the mandate and correspond to the Core Banking. We recommend to provide Mobile Banking Channel to the Customer.

Assistant Manager

Name:

Signature:

Date:

Branch Manager

Name:

Signature:

Date:

FOR e-BANKING TEAM USE ONLY

EMAIL ID:

MOBILE NO:

E-mail address and Mobile number correspond with the data in core banking. Yes ☐ No ☐

S.NO	SETUP ACTIVITY	USER NAME	DATE AND TIME	SIGNATURE
1	CUSTOMER SETUP BY			
	AUTHORIZED BY			
2	ACCOUNT SETUP BY			
	AUTHORIZED BY			
3	M-PIN AND T-PIN SETUP BY			
	AUTHORIZED BY			
4	E-STATEMENT & ALERTS SETUP BY			
	AUTHORIZED BY			

Application Received On:

Registration Serial No.

Signature of
M-Banking Manager: