

COMPANY PROFILE

COMPANY NAME							
TRADING NAME							
KRA PIN NUMBER							
PHYSICAL ADDRESS							
PO BOX		POSTAL CODE		TOWN		COUNTY	

CONTACT DETAILS

	Business Operator	Billor Manager	Business Admin	Business Auditor
FULL NAME				
ID NUMBER				
DATE OF BIRTH				
MOBILE NUMBER				
EMAIL ADDRESS				

BANK DETAILS

BANK NAME		BANK BRANCH	
ACCOUNT NAME			
ACCOUNT NUMBER			

TYPE OF SERVICE REQUESTED

PREFERRED PAYBILL NUMBER		PAYBILL	<input type="checkbox"/>	T-kash Airtime	<input type="checkbox"/>
Telkom Notification NUMBER (offline Biller)		BULK PAYMENT	<input type="checkbox"/>		

CUSTOMER DECLARATION

AUTHORISED SIGNATORIES

NAME		MOBILE		EMAIL	
DESIGNATION		SIGNATURE		DATE	
NAME		MOBILE		EMAIL	
DESIGNATION		SIGNATURE		DATE	

KYC Documentation

<p>KYC documents to attach</p> <ol style="list-style-type: none"> Certificate of incorporation or Business Permit or Equivalent. Form CR12 or an equivalent form, should be valid for the last 3 months. Copy of VAT and/or PIN certificate Copies of I.D.s and passport photos of directors or persons playing an equivalent role. Copies of I.D.s of persons who will have the operator and approver roles 	<ol style="list-style-type: none"> Cancelled cheque or letter from Bank confirming Bank details Stamped/Sealed board resolution by directors or persons in equivalent roles indicating: <ul style="list-style-type: none"> Authority to open a paybill account or Transact business on behalf of the company Appointed persons having signatory authority and provide copies of their identification documents Bank details Completion of AML Questionnaire (For Financial Institutions) Copy of Current Regulator License (For Financial Institutions)
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For Official use only

Billor Type <ul style="list-style-type: none"> Offline C2B-1 C2B-2 	Tariff <ul style="list-style-type: none"> Customer pays Billor Pays Split 	Relationship Manager _____ Signature _____ Date _____
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