

## **KINGDOM SACCO SOCIETY LIMITED**

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## **PAYBILL SHORTCODE APPLICATION FORM**

Please complete the following details to apply for a ShortCode that will be linked to your Account for Ease of Receiving Mpesa Deposits to your Account via Kingdom Sacco Paybill Number (521000)

## 1 Member Details:

1.1 Member No:	1.2 Member Name:
1.3 ID/Reg. No:	1.4 Date:

## 2 Purpose for the Paybill Short Code:

*3* Short Code Details:

Account Number	Preferred ShortCode	Send Alerts for Transactions?		Allocated ShortCode	
4 Scheduled Paybill Statements Request:					
We would like to receiv following frequency:	e our Account(s) P	aybill Statements	in PDF Format	] Excel Format, in the	
Daily Weekly On (e.g. Mo, We, Sa) Monthly On (e.g. 10, 15, 30)					
5 Signing by Authorized Account Signatories:					
Name:	ID Num	ber Signatu	ire:	Date	
6 Official Section:					
6.1 Received By:	6.2 Date:				
6.3 Verified By:			6.4 Date:		
7 Terms & Conditi		uill annly to Custom	ner Mpesa wallets side (No	Charge on EOCA ()	

- 7.2 The Account Holder will display or communicate the Paybill Number and Short Code clearly to its customers to ensure they deposit funds to the intended account. We shall provide Paybill Stickers for Display at your business premises.
- 7.3 Kingdom Sacco reserves the right to withdraw the allocated Shortcode if it deems that the Account Holder is using it improperly or for unintended / undisclosed purposes.
- 7.4 If you wish to receive transaction notification alerts, the service will attract a defined monthly fee at the prevailing rate.