

CONFIDENTIAL

JIPAMBE MERCHANDISE CASH PAYMENT FORM

(A) APPLICANT'S PERSONAL INFORMATION (attach ID copy)

NAME.....MEMBER NO

NATIONALITY.....ID NO.....KRA PIN NO.....

TEL NO.....EMAIL.....

EMPLOYER POSITION IN EMPLOYMENT.....

(B) MERCHANDISE PARTICULARS

PRODUCT DESCRIPTION(Name/code/capacity)

VENDOR.....

(C) PAYMENT DETAILS

PRODUCT COST (in KShs). *(In words)*

ADMIN FEE PAID (1% of product cost in Ksh)

Mode of payment (Tick appropriate box and attach proof of payment to the application)

Bank deposit Bank transfer Mpesa Paybill

I hereby confirm that all the details provided above to support my application for Jipambe Merchandise are true to the best of my knowledge and agree to abide by the terms and conditions of this product.

SIGNATURE _____ DATE _____

Witnessed by:

NAME _____ ID _____ MNO _____

TEL _____ SIGNATURE _____ DATE _____

(D) FOR OFFICIAL USE ONLY

Received by: (Customer care) Name _____ Signature _____ Date _____

Approved by: (Loans) Name _____ Signature _____ Date _____

Authorized by: (Finance) Name _____ Signature _____ Date _____

Member to attach delivery details and map