

All questions are mandatory

B2C Form

Bulk Disbursements



Company name

Physical address/location

Postal Address

City/Town

Postcode:

Office Phone No:

Fax No:

Company Registration:

Fax No:

Tax Pin No.:

Type of Business:

Trading for: Years Months

Proposed name of B2C account:

2. TYPE OF SERVICE

SME Bulk payment Managed Disbursements Bulk Payment

3. REASON FOR DISBURSEMENT OF FUNDS

4. CONTACT DETAILS

Name of Contact Person

Email address

Telephone number

Name of Finance contact

Email address

Telephone number

Name of administrator

ID number

Username

Email address

Telephone number

Where would you like to send money to? VOOMA wallet KCB account M-PESA wallet Other Bank account

5. CUSTOMER DECLARATION

Signed this.....day of.....20.....Location.....

Authorized signatory name.....Designation.....Sign.....

2nd Signatory name.....Designation.....Sign.....

By signing this form I/we accept the terms and conditions for VOOMA services.

KCB Internal Use

Relationship /Branch Manager

Branch

DFS Business Development

Sim MSISDN allocated

Sign

Note: Information provided on this form will be used to set up the B2C structure on the Vooma system and is subject to contract signature Form to be returned to the Nearest KCB Branch Existing Bank Terms and Conditions Apply

PAP: 1281 VOOMA AGENT APPLICATION FORM (FEB 2020)