

# SAFARICOM DEVICE APPLICATION FORM

1. Name ..... ID NO .....

2. Mobile Number ..... Email address .....

Alternative Mobile Number ..... Physical Address .....

3. Credit Card No.: □□□□XXXX□□□□ (Only first 4 and last 4 digits).

4. KCB account Number (if applicable) .....

5. Electronic Mobile device/s chosen ..... Total price .....

ATTACH PDQ SLIP AND ID

I authorize KCB Card Centre to debit my Credit card account with Kes .....  
 on a monthly basis for ..... Months on the card due date, being payment for the  
 above products I have chosen

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 Months	

I understand that by signing this request, I have agreed to be fully liable in fully paying for the product.  
 All devices purchased shall be checked before accepting delivery and will remain under manufacturer's  
 warranty for stated period on warranty card.

**Preferred Safaricom** outlet where the device selected will be collected .....

Signature ..... Date .....

*(Customer to sign)*

This form and any bank queries to be mailed o [safaricompromotion@kcbgroup.com](mailto:safaricompromotion@kcbgroup.com).

**FOR OFFICIAL USE ONLY**

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 <sup>ST</sup> Instalment			
Balance			

Signature ..... Date .....

*(KCB Card Center official to sign)*