

NCBA TILL

APPLICATION FORM

Registered Organization Name: _____ Credit Account Number: _____

Preferred **NCBA Till** short code in order of preference

A. 6 Digits

1. _____ 2. _____ 3. _____ (E.g. 123456)

OR

B. Alphabet or Alphanumeric

1. PAY _____ 2. PAY _____ 3. PAY _____ (E.g. PAYNCBA12)

NB: Above preferred codes are subject to availability else the bank shall allocate the next available short code

Mobile Number: _____ Email Address: _____

(For payment SMS alerts e.g., Cashiers No)

(For payment Email alerts)

Additional Features

Business Collection Account (Optional)

Automated sweep to main account number _____ at below selected frequency.

Daily every end of day

Weekly Every _____ (Weekday)

Biweekly Every _____ (Weekday)

Monthly Every _____ (Date)

* Business collection account allows you to have a separate collection account with a sweep functionality to the main account at a regular interval as selected above. This is applicable to Business and corporate account holders. Existing signing mandate will apply

CLIENT DECLARATION

I/We the undersigned confirm that I/We have read and understood;

1. The terms of NCBA Group Privacy Policy provided physically to me and/or available at <https://ke.ncbagroup.com/privacy-policy>

2. The Bank's General Terms and Conditions, NCBA Till Solution Terms and Conditions as well as Lipa Na M-Pesa Terms and Conditions, all available on the Bank website at www.ncbagroup.com

I hereby freely give my express, specific, informed, unequivocal authority to **NCBA Group** and its affiliates to collect, use and process my personal data as stipulated in the Privacy Policy and agree to be bound by this service terms and conditions.

Dated this _____ day of _____ 20 _____ at _____

Authorized Signatories;

Full Name: _____ Designation: _____ Signature: _____

Full Name: _____ Designation: _____ Signature: _____

Full Name: _____ Designation: _____ Signature: _____

