

MOBILE BANKING APPLICATION FORM

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND TICK WHERE APPLICABLE					
BRANCH:		DATE			
Personal Banking Business		bank use only):			
I/We hereby wish to apply for: Mot APPLICANT DETAILS:					
Account Name:					
Postal Address:	Code:	Town\City:			
Mobile Number:	Email Ad	dress:			
SERVICE REQUIRED:					
New Set up Activation Limit Enhancement Deletion/Disablement of User/Account					
*SMS Alerts will be sent only to Mo	bbile Numbers in Kenya.				
I/We request you to link my/our pri	mary account to Mobile Banking:				
Account No.:	Mobile No.:	ID/PP No. (attach a copy:			
Limit: Kes (.	Amount in words)				

*By linking your primary account, you will be able to access any other account(s) under your profile. *Limit is the maximum amount you wish to transact on any particular day.

I/We have read and fully understood the terms and conditions governing the use of mobile banking services offered by Development Bank of Kenya Limited as availed on the bank's website: https://www.devbank.com/. By signing below, I/We hereby confirm to accept and agree to be bound by the provisions therein.

Name	Signature	Date

The above should be authorised signatory(ies) as per account mandate

FOR OFFICIAL USE ONLY:

Customer Number:				
Verified by:	Signa	ature:	Date:	
Autho <mark>rized by:</mark>	Sign	ature:	Date:	

FOR E-BANKING TEAM USE ONLY:

		Name	Signature	Date
Enabled for Mobile Banki	ng			
Enabled for Pesalink				
Accounts, Notifications &	Charges Attached			