



PAYMENT REQUEST FORM

Client Name: .....ID/PP/Reg Number: .....

CDS Number .....Phone Number.....

Amount to be paid (Kshs) .....

Payment in form of; RTGS (above KSHS 500,000) [ ] MPESA [ ] CHEQUE [ ]

BANK DETAILS

ACCOUNT NAME.....

BANKNAME: .....BRANCH: .....

ACCOUNT NUMBER .....

ADDRESS (FOR RTGS PAYMENT ONLY)

SPECIFY PHYSICAL LOCATION .....

CLIENT INDEMNITY

In consideration of your agreeing to effect my/our instructions as indicated hereinabove, I/we hereby undertake to hold you harmless and to fully indemnify you against any claim(s), loss (es), damage(s) or expense(s) which you may suffer or incur by reason of effecting my/our instructions hereinabove and to refund you on demand the amount, if any, incurred by you on an account of such instructions

1st Client Signature .....Date .....

2nd Client Signature ( where applicable).....Date .....

Stamp/Seal (where applicable).....

OFFICIAL USE ONLY

Client Facing Team: Staff full name & Signature .....Date.....

Back office: Staff 1 full name & Signature .....Date.....

Staff2 full name & Signature .....Date .....

Finance: Payment Reference: ..... Payment Posted By: ..... Date .....

Verification: Staff full name & Signature: .....Date .....

1st Signatory: .....Date .....

2nd Signatory: .....Date .....

3rd Signatory: .....Date .....