



MICROBUSINESS APPLICATION FORM

Account Number:

I hereby apply for registration of a merchant account with Alliance Self Help Group, acknowledging my commitment to adhere to its rules and regulations. Kindly note the following documents are required to process your application. Kindly attach copies of

REQUIRED DOCUMENTS :

National ID: ☐ Business PIN : ☐ Certificate of registration : ☐ Business Permit: ☐

BUSINESS DETAILS (Please complete in block letters and Tick appropriately)

Title: Mr./Mrs./Dr./Ms./Prof:	Member Name:	Membership Number:	
National ID/Passport No:	Country of Residence:	Nationality:	Current phone number:
Account Category: Prime: <input type="checkbox"/> Savings: <input type="checkbox"/>	Account Type:		
Name of Business (As per Registration Certificate)	Business PIN no:	KRA PIN No:	
Business Trading Name:	Preferred payment method Business Paybill : <input type="checkbox"/>		
Nature of Business:	Industry:	Sector:	Business Activity:

CONTACT DETAILS:

Country of Registration:	Postal Address:	Code:	
Estate / Village:	Street / Road:	Building / Apartment:	
Email Address:	Outlet Phone Number:	Postal Code :	VAT Number:

SHAREHOLDERS /DIRECTORS DETAILS: (attach copy of ID/Cert of Registration and pin certificate)

Stakeholder's Name: Individual /Companies	ID/ REGISTRATION CERT NO:	GENDER [F/M]	STAKE HOLDER TYPE: [Director , Sole Proprietor , Secretary]	NATIONALITY:

FINANCIAL DETAILS:

Value of Transactions : Sum of all payments per month	Expected Range [KES]
I am authorizing your office to transfer my settlement amount to the following account.	
Settlement type : On Demand <input type="checkbox"/>	End of Day <input type="checkbox"/> Real Time (App only) <input type="checkbox"/>

DECLARATION

I confirm the provided information and disclosures are true. Acknowledge receipt, understanding, and agreement to comply with the Group's terms and conditions. I agree to be automatically enrolled to any new product, service or payment channel that shall be offered by the group and its affiliates.

I agree that the group has the right to reject this application as it the group deems fit without assigning any reason. I agree that I have provided the required business legal documents and understand that future changes made by the group must be signed by authorized signatories

Names in full (block letters)	Official Signature	Date

FOR OFFICIAL USE ONLY.

The Application has been approved under the following category: Sole Proprietorship ☐

REGISTRATION CHECKLIST

Original ID/Passport Sighted ☐

Application Details Completed ☐

ID/ Passport Copies Obtained ☐

KRA PIN Certificate copies obtained ☐

OFFICE USE ONLY

Proof of:

Identity: YES ☐ NO ☐ reason

KYC: YES ☐ NO ☐ reason

Employment: YES ☐ NO ☐ reason

Income: YES ☐ NO ☐ (most recent payslip) reason

Address: YES ☐ NO ☐ (most recent utility statement) reason

KYC verification and member interview was done by:

I confirm all details are completed as per KYC procedures, with relevant documents attached. I accept this membership registration with Alliance SHG.

Staff Name	Staff Number	Date (YYYY-MM-DD)	Signature

Authorising Official's Signature: _____

Stamp