



AUTHORISED SIGNATORIES

Mandate Form

This form sets out the details of all authorized individuals with regard to the Mobile Money (**MoMo**) Account(s) of the below named Company held with MoMo PSB Limited.

BUSINESS NAME (Company / Corporate entity)

MOBILE MONEY ACCOUNT No.(s)

We the undersigned (e.g. Directors/Partners/ Shareholders, etc.) of -----
_____ (insert full legal name of Entity),
confirm that we, the undersigned are authorized to issue and provide this Mandate Letter to MoMo PSB.

We instruct you as follows: -

1. To act upon instructions received from the Authorized Signatories as stated herein (Section 1).
2. That all payments/transfers in relation to the Transactions are to be made to the accounts as set forth in Section 2 - Settlement Instructions.

We undertake to indemnify and agree to keep MoMo PSB indemnified against all claims, demands, liabilities, losses, costs (including legal fees) actions, proceedings, charges and expenses whatsoever and howsoever arising “Losses”) which MoMo PSB may incur, or suffer by reason of relying on the information provided in this form and/or MoMo PSB acting on any instructions received from the authorized signatory (ies) by telephone email, and/or facsimile message, other than losses arising out of any fraud, or gross negligence duly proved on the part of MoMo PSB, its officers, servants or agents, and MoMo PSB may debit any account in our name with any sums payable by us hereunder.

This mandate shall continue in force until MOMO PSB receives written notification to the contrary.

I/we certify that the above information in this Mandate is complete and correct as of the date indicated below, and I/we undertake to advise you in writing of any changes to the above information.

Signature of person(s) authorized to communicate resolutions to MOMO PSB (e.g. Directors/Partners/Shareholders, etc.):

Signature

Signature

Full Name (Block letters)

Full Name (Block letters)

Date: _____

Date: _____

Section 1: The Authorized Signatories

Attach Passport size photograph for each signatory, with name and position written on the reverse.

Authorized Person

Full Name

Position within the organization

Signature – please ensure signature remains inside the box

Authorized Person

Full Name

Position within the organization

Signature – please ensure signature remains inside the box

Authorized Person

Full Name

Position within the organization

Signature – please ensure signature remains inside the box

Authorized Person

Full Name

Position within the organization

Signature – please ensure signature remains inside the box

*If you need more than 4 authorized people, please ask for a mandate continuation sheet, and attach it to this form.

Please give details of how you would like your authorized people to manage the account(s).

MOMO PSB will act on instructions given: [please tick only **one (1)** box]

<input type="checkbox"/>	By <u>ANY ONE</u> authorized person	<input type="checkbox"/>
<input type="checkbox"/>	By <u>ANY TWO</u> authorized people	
<input type="checkbox"/>	By <u>ALL</u> of the authorized people; i.e. <u>ALL to sign</u>	
<input type="checkbox"/>	In line with the specific instructions below; Give details in the space below. If you need more space, attach a separate sheet (this sheet should be signed by the signatory (ies) above authorized to submit the mandate).	

Section 2: Settlement Instructions

BANK NAME	
BRANCH NAME and CODE	
BANK ACCOUNT NUMBER	
BANK ACCOUNT NAME	

