Prime Bank

Prime Mobi Banking

PRIMEMOBI APPLICATION FORM

The Branch Manager, Prime Bank Ltd,

Branch Date:

I/We hereby apply for the mobile banking facility offered by the Bank. Details of the account/s are furnished herein below:

APPLICANT DETAILS

PLEASE USE UPPER CASE TO FILL OUT THE FORM

Name of the Primary applicant:			
Date of Birth [DD/MM/YY]		ID/ Passport Number	
Facilities Requested:		KRA PIN	

Mobile Banking: ☐	Cash 2 Bank: ☐			
SMS Alerts (Subject to SMS charges)	Debit: ☐	Credit: ☐	Both: ☐	
EMAIL Alerts	Debit: ☐	Credit: ☐	Both: ☐	
Phone Model				
CIF ID: To be filled by branch				

* SMS Alerts will be sent only to Mobile Numbers in Kenya

I/We request you to link the following accounts to Mobile Banking:

	Account Name	Mode of Operation	Account Number	Account Type (to be filled by the branch)
1				
2				
3				
4				
5				

Account Number	Email Address	Mobile Number Enter ISD code First E.g. (+254) 7** 222 222

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CUSTOMER USE ONLY

I/We have read and understood the Terms and Conditions available on https://www.primebank.co.ke/wp-content/uploads/2026/11/Electronic-Banking-Services.pdf.
I/We hereby accept the Terms and Conditions and undertake to abide by them.

Authorised Signatory 1

Name:	
ID/Passport Number:	
Signature	

Authorised Signatory 3

Name:	
ID/Passport Number:	
Signature	

Authorised Signatory 2

Name:	
ID/Passport Number:	
Signature	

Authorised Signatory 4

Name:	
ID/Passport Number:	
Signature	

FOR BRANCH USE ONLY

EMAIL ID: _____ **MOBILE NO:** _____

Please tick below checklist for information provided by the customer:

- ☐ Name/DOB
- ☐ National ID/ Passport Number
- ☐ KRA Pin
- ☐ Only one service (Mobile Banking/ Cash 2 Bank) is selected
- ☐ Appropriate Alert (DR/CR/Both) is selected
- ☐ CIF ID
- ☐ Account Details
- ☐ Email/Mobile Number Provided for Alert
- ☐ T&C Signed by Primary/ Joint Holder(s)

We have verified the details furnished in the application and confirm the details and signatures are as per the mandate and correspond to the Core Banking.We recommend to provide Mobile Banking Channel to the Customer.

Assistant Manager

Name:	
Signature	
Date:	

Branch Manager

Name:	
Signature	
Date:	

FOR e-BANKING TEAM USE ONLY

EMAIL ID: _____ **MOBILE NO:** _____

E-mail address and Mobile number correspond with the data in core banking. Yes ☐ No ☐

S.NO	SETUP ACTIVITY	USER NAME	DATE AND TIME	SIGNATURE
1	CUSTOMER SETUP BY			
	AUTHORIZED BY			
2	ACCOUNT SETUP BY			
	AUTHORIZED BY			
3	M-PIN AND T-PIN SETUP BY			
	AUTHORIZED BY			
4	E-STATEMENT & ALERTS SETUP BY			
	AUTHORIZED BY			

Application Received On: _____ **Registration Serial No.** _____

Signature of M-Banking Manager: _____