



Urban Tech For Hope Ltd. (UTFH)

M-Kliniki – Healthcare Service Provider (HCP) Bank Account Information Form

To ensure accurate and timely disbursement of funds for your services on the M-Kliniki platform, kindly provide the following bank account information:

Bank Name: *

Bank Account Name: *

Bank Account Number: *

Bank Code: *

Branch Code: *

Bank Branch: *

Authorization

I, the undersigned, authorize Urban Tech for Hope Ltd. to deposit all payments for services rendered through the M-Kliniki platform into the bank account specified above.

Full Name:

Signature:

Date (dd/mm/yyyy):

Official Stamp:



Important Note: Please attach a copy of a cancelled cheque or a signed letter from your bank confirming the accuracy of the provided account details.

For any inquiries, please contact us at:

Phone: +254791881591 / +254723971990

Email Address: info@urbantechforhope.com

Postal Address: 3151-40100 Kisumu, Kenya