



**Urban Tech For Hope Ltd. (UTFH)**

**M-Kliniki Rider 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:**

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**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](mailto:info@urbantechforhope.com)

**Postal Address:** 3151-40100 Kisumu, Kenya