

# CIS VALIDATA ONBOARDING FORM

## 1. COMPANY INFORMATION

Field	Details
Registered Company Name	
Trading Name	
Company Registration Number	
Postal Address	
Physical Address	
Company Telephone Number	
Company Email Address	

### Required Attachment:

- Copy of Company Registration Certificate

### Institution Category

Please tick (✓) the applicable category:

- Commercial Bank  
 Microfinance Bank  
 Digital Credit Provider (DCP)  
 SACCO  
 Other (Specify): \_\_\_\_\_

## 2. CREDIT DEPARTMENT CONTACT PERSON

Field	Details
Full Name	
Designation	
Email Address	
Phone Number	

### 3. IT DEPARTMENT CONTACT PERSON

Field	Details
Full Name	
Designation	
Email Address	
Phone Number	

### 4. DECLARATION

I hereby certify that the information provided in this registration form is true and accurate to the best of my knowledge. I further authorize CIS Kenya to contact the organization through the contact details provided for purposes related to service delivery, support, implementation, and other official communications.

Authorized Representative Name	
Designation	
Signature	
Date	