**SCHOOL FEES MANAGEMENT SYSTEM**

1. **INSTITUTION NAME**: …………………………………………………………………………………………………………………

2. **ACCOUNT NUMBERS AND FEE TYPES TO BE LINKED:** e.g *tuition fee, transport fee etc.*

| No. | Fee Type | Account | No. | Fee Type | Account |
|-----|----------|---------|-----|----------|---------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

3. **CUSTOMER DECLARATION:**

I/We acknowledge that I have been clearly informed and understood on how the School Fees Management System works. I hereby confirm that I have also understood the benefits and I/We hereby allow my/our CRDB bank Account Number(s) to be linked and accept payment by invoice numbers generated through …………………………… partnership with CRDB Bank PLC. I hereby also confirm that I/We will be responsible and accountable for system access and all operations and transactions undertaken through the above mentioned account number(s). I understand that the Bank reserves the right to decline the application without giving reason(s).

I/We (Authorized signatories) hereby sign and confirm that we have understood and agree all the above

Name……………………………………………………….Signature...............…………………………………..Date…………………………………

Name……………………………………………………….Signature...............…………………………………...Date……………………………

Name……………………………………………………….Signature...............……………………………………Date……………………………….

Name……………………………………………………….Signature...............………………………………….Date……………….……….

FOR BANK USE ONLY

*Customer details verification (BRANCH)*

<u>SSO/RO/RM:</u>

*Name:_____ Signature:_____ Date:_____Branch.........................*

<u>TL-SS/RM/MBD/Incharge:</u>

*Name:_____ Signature:_____ Date:_____Branch.........................*

APPLICATION PROCESSING AT HEAD OFFICE

I hereby confirm that School Fees Management Solution has been set up as requested.

<u>SFMS Customer Administrators(PM/SPM):</u>

Maker Name:_____ Title………………… Signature:_____ Date_____

Checker Name:_____ Title……………………..Signature:_____ _____ Date_____