

# CONTENT SERVICE PROVISION (CSP) APPLICATION FORM

## PART A

COMPANY INFORMATION	
Registered Company Name	
Physical Location	
Postal Address	
Company E-mail address & Website	
Company Telephone Contacts	

KEY CONTACTS				
	CEO /BUSINESS HEAD	CFO /FINANCE HEAD	TECHNICAL/IT LEAD	ADMIN (Key Contact)
Name:				
Email:				
Mobile No.				

**NB:** Safaricom Reserves the right to accept or reject any application, and will communicate this within 7 days of submission

## PART B: DOCUMENTS CHECK LIST

MANDATORY DOCUMENTS CHECK LIST	
<b>KYC</b>	
1.	Certificate of Incorporation
2.	PIN/VAT Certificate
3.	Company CR12 (3 months current on submission date).
4.	A Copy of the KRA PIN and ID of all company directors and shareholders. Where the shareholders are incorporated entities, provide a certified copy of such entity's certificate of incorporation and KRA PIN (KRA PIN should be provided if such company is registered in Kenya). The entity should also provide the identification documents (KRA PIN and ID) of its directors.
5.	CAK License (Valid for 3 months on submission date)
6.	Copy of Bank A/C cheque leaf

NB: ALL above copies must be certified by your lawyer

FORMS & Other Documents (All attached below)	
Detailed Business Proposal	
1.	Signed & stamped Account Creation Form
2.	Signed & stamped Supplier Bank Details Form
3.	VPN form (where a VPN Connection is required)

## Supplier Request Form



Supplier Bank  
Details.xls



New Supplier  
Request Form.xlsx



VPN configuration  
form.docx

## Supplier Bank Details Form

1. VPN form
2. TARRIFS AND FEES

### PART C: (Extract from business proposal)

Summary of the Business Value Proposition						
Business Area (Games, Lotteries, service, Music, News, Corporate Marketing etc.)	Financial Projections			Marketing strategies	Target Market	Consumer Insight
	YR1 (Current Financial Year)	YR2	YR3			

**Assumptions (if any):**

**NOTE:** Be as specific as possible on the business area as well as the consumer insight indicating the need the product will fulfill within the market. (Attach detailed proposal on letter head covering the minimum areas as captured in page)

## OTHER INFORMATION

## SAFARICOM PRS APPOINTMENT PROCESS

- i. Submit application form and all documents as per above check list scanned copies should be sent to prspsupport@safaricom.co.ke cc: cbuvas@safaricom.co.ke
- ii. Safaricom through an assigned account manager will start the process and issue an NDA (Non-Disclosure Agreement) for execution which is required to continue the onboarding process.
- iii. Safaricom will start contracting once signed NDA is returned to account manager.
- iv. Safaricom will then issue an appointment contract through the account manager
- v. Applicant will return contract together with payment of the initial connection fee by cheque of KShs 75,000/-.
- vi. Return of the signed contract and clearing of the initial fee payment cheque will allow Safaricom to create partner onto the various systems and integration can begin.
- vii. On full integration we will have a training session to accustom the applicant with the systems needed through our consumer product support team.

## TECHNICAL REQUIREMENTS

- i. Point to point link with Safaricom at own cost. (VPN also available on request)
- ii. Offer minimum capacity of 40 sms's per second
- iii. Safaricom approved 3rd party content software and hardware specifications
- iv. Technical and Customer Support center team available 24 hours

## FINANCIAL REQUIREMENTS

- i. Initial setup fee of Ksh. 75,000/- plus 16% VAT
- ii. Monthly short code fee of Ksh. 10,000/= plus 16% VAT
- iii. One off golden number(easy to remember numbers) fee of Ksh. 200,000/=

**NB:** This must be returned with the signed contract

## REVENUE SHARE/PAYMENT METHODOLOGY

The premium rate services attracts a charge above the normal sms/call charge rate.

The revenue generated is therefore split between the network operator and the PRS provider

In cases where the PRS provider is running a campaign on behalf of a 3rd party, they too get revenue share based on the agreement with the PRS provider.

The revenue share varies from service to service and is exclusive of government taxes and VAT.

## BUSINESS PLAN OUTLINE

<ul style="list-style-type: none"><li>i. Company Background</li><li>ii. Business Objective (in the content space)</li><li>iii. Market/ Business Landscape – i.e. an understanding of the space you're getting into.</li><li>iv. Opportunity Identified (what space are you tapping into?)</li><li>v. Target Segment – customer profile (age, etc.) and opportunity size/addressable market (how many customers would be possible buyers of your service and why?)</li></ul>	<ul style="list-style-type: none"><li>vi. What is the product(s)/proposition(s) that you are providing?</li><li>vii. Sales &amp; Marketing Strategy</li><li>viii. Business Case (assumptions, volumes projected, costs etc.) what is the target revenue over 5 years.</li><li>ix. Support Structure &amp; Controls for this service</li><li>x. Previous year Company Financial</li></ul>
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## OTHER REQUIREMENTS

These shall be communicated from time to time. Please send mail to [prspsupport@safaricom.co.ke](mailto:prspsupport@safaricom.co.ke) for any clarifications

## FEES & REVENUE SHARE DETAILS

NB: This may change from time to time and such changes will be communicated to partners

## PART D: FOR SAFARICOM USE ONLY

COMMERCIAL SIGN OFF FOR ONBOARDING			
Designation	Name & Signature	Date	Comments (if any)
Account Manager			
Snr. Manager – VAS Portfolio			
HOD – Consumer Products & Services			

## NEW SUPPLIER REQUEST FORM

NEW SUPPLIER REQUEST FORM	
For User Department Use Only	1. Date :
	2. Responsibility Centre:
	3. Request Details:
	<div style="text-align: center;"><input type="checkbox"/> Addition Request (AR)</div> <div style="text-align: center;"><input type="checkbox"/> Deletion Request (DR)</div>
	4. Supplier Details: Name: Category of Product / Service: Address (Physical): Address (E-Mail): Telephone No. Mobile No: Contact Person: Terms of Payment: PIN No. VAT No. Bank Account No. Transaction Currency: Supplier References:
	5. Justification[For Change Of Business Details Only]
	Approval: Head of Department
	6. Name: 7. Signature: 8. Date:
For Supply Chain Use Only	Approval: Supply Chain Manager
	Name: Signature: Date:

# SAFARICOM INTER-PARTNER VPN CONFIGURATION INFORMATION

VPN Information	Your Company	Safaricom
Supplier:		Cisco
Type:		ASA 5540
Model:		
OS:		
Peer address:		196.201.212.240
Test Peer address:		

Proposal Name:		IKE-3DES-SHA
Authentication Mode:		Pre-shared key
Preshared Key:		To be shared later
Authentication Algorithm:		SHA
Encryption Algorithm:		3DES-168
Diffie-Hellman Group:		Group 2 (1024 bits)
Lifetime Measurement:		Time
Lifetime:		86400

Authentication Algorithm:		ESP/SHA
Encryption Algorithm:		AES-128
Encapsulation Mode:		ESP tunnel
Perfect Forward Secrecy:		Disabled
Lifetime Measurement:		Time
Lifetime:		28800

Network:		<b>USSD</b> Test USSD- 196.201.213.92  <b>Primary ussd sites</b> 196.201.213.81 196.201.213.82 196.201.213.83  <b>Secondary site</b> 196.201.213.85 196.201.213.86 196.201.213.87  <b>SDP IP</b> Prod SDP - 196.201.214.81 Test SDP - 196.201.214.82 Port 8310 Port 8310
Company:		
Name:		
E-mail Address:		
Phone number:		
Fax:		

Comments
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## BANK ACCOUNT DETAILS FORM:

SUPPLIER/AGENT/DEALER NAME:.....

ADDRESS:.....

P.O. BOX:.....POSTAL CODE:.....

TOWN:.....COUNTRY:.....

TELEPHONE NUMBER:.....

PIN REGISTRATION NUMBER:.....

VAT NUMBER:.....

BANK NAME:.....

BRANCH:.....

ACCOUNT NAME:.....

OLD ACCOUNT NUMBER:.....

NEW ACCOUNT NUMBER:.....

PAYMENT CURRENCY:.....

BANK ROUTING CODE:.....

BANK ROUTING METHOD:.....

BANK SWIFT CODE:.....

CONTACT PERSONS:.....

COMPLETED BY:.....

NAME:.....SIGN.....

POSITION.....DATE.....

SIGNED: (SIGNATORIES) 1.....

SIGNED: (SIGNATORIES) 2.....

SIGNED: (SIGNATORIES) 3.....