





DATE D D M M Y Y Y Y	E	RANCH												
Sections A,C,D,E and F are mandatory for all applicants. Section B applies for joint applicants. (fill in caps)														
A. FIRST APPLICANT INFORMATION														
PERSONAL DETAILS														
Full Name (Mr, Mrs, Miss, Dr, Prof, Hon)														
First Name: Last Name:														
ID / Passport No: KRA PIN No:														
Country of Residence:														
Marital Status: Single Married Others (Specify)														
Address:	Postal Code:			Town:										
Street:	Zip Code:			F	Phone 1:									
Phone 2:	Fax:				Email:									
Present Residence (Location or Estate) Duration of Occupation 100% Owned Under Mortgage Rente														
Dependants														
Name	A	ige	Name					Age						
Do you have a Power of Attorney in Keny	ya?	Yes	No											
If Yes, provide full details of Power of Attor	rney													
Full Name (Mr,Mrs,Miss,Dr,Prof, Hon)														
First Name:	Middle Name:			L	ast Name:									
Contact Details: Mobile:			mail:											
Postal Address:		ostal Code	e:		Town:									
Power of Attorney Registration Number (where	e applicable)													
YOUR CURRENT BANKING DETAILS														
Bank	Branch				Accoi	unt No.								
1														
2														
EMPLOYMENT INFORMATION														
Current Employer														
Position			Nature o	of Emp	loyment:	Contract		Permaner	ıt					
Duration with current employer														
Postal Address	Postal C	ode			Town									
Street Zip Code Employer Website														
Tel No.	E-mail		.1 1		Fax									
Name of Previous Employer, if you have changed employment within the last two (2) years Position at Provious Employer.														
Position at Previous Employer														
Nature of Employment (Tick) Contract	Permanent		Duration wit	th prev	vious emplo	yer (Years)								





Currency KShs USD GBP EUR											
Basic Salary	Commissions Earned										
House Allowance	Owner Occupier Allowance										
Other Pay / Income	Details of Other Pay										
DETAILS OF OTHER COMMITMENTS (REPAYMENT	T AMOUNTS)										
Currency KShs USD GBP EUR											
Sacco Loans	Bank Loan(s)										
Bank Overdraft	Mortgage Repayments										
Details of other commitments											
B. SECOND APPLICANT INFORMATION, IF FOR A	JOINT ACCOUNT										
Full Name (Mr,Mrs,Miss,Dr,Prof, Hon)											
First Name: Mide	dle Name: Last Name:										
ID / Passport No:	KRA PIN No:										
Country of Residence:											
Marital Status: Single Married	Others (Specify)										
Address: Postal C	Code: Town:										
Street: Zip Cod	de: Phone 1:										
Phone 2: Fa	ax: Email:										
Present Residence (Location or Estate)	Duration of Occupation 100% Owned Under Mortgage Rented										
Dependants											
Name	Age Name Age										
D 1 D (A) 1 1/ 0											
Do you have a Power of Attorney in Kenya?	Yes No No										
If Yes, provide full details of Power of Attorney	Yes No No										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon)											
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N	Name: Last Name:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile:	Name: Last Name: E-mail:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address:	Name: Last Name: E-mail: Postal Code: Town:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where application)	Name: Last Name: E-mail: Postal Code: Town:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where application Contact Details)	Name: Last Name: E-mail: Postal Code: Town: able)										
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If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where applicated by the contact details) YOUR CURRENT BANKING DETAILS Bank 1	Name: Last Name: E-mail: Postal Code: Town: able)										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where applicated by the contact details) YOUR CURRENT BANKING DETAILS Bank 1 2 EMPLOYMENT INFORMATION	Name: Last Name: Postal Code: Town: able) Branch Account No.										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where application of Attorney Registration Number (where application Number (where Number (w	Name: Last Name: Postal Code: Town:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where applicated by the second by	Name: Last Name: Postal Code: Town:										
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If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Postal Address: Power of Attorney Registration Number (where applicated by the second by	Name: Last Name: Postal Code: Town:										
If Yes, provide full details of Power of Attorney Full Name (Mr,Mrs,Miss,Dr,Prof, Hon) First Name: Middle N Contact details: Mobile: Mobile	Name: Last Name: Postal Code: Town:										





INCOME DETAILS (p	er month)															
Currency KShs	USD	GBP	EUR													
Basic Salary				Commi	issions Earned											
House Allowance				Owner	Occupier Allowance											
Other Pay / Income				Details	of Other Pay											
DETAILS OF FINANC	IAL COMMIT	MENTS (F	REPAYMENT	AMOUN	ITS)											
Currency KShs	USD	GBP	EUR													
Sacco Loans				Bank Lo	oan(s)											
Bank Overdraft				Mortga	ge Repayments											
Details of other comn	nitments															
C. DECLARATION			lo accete that	ou bave												
Please indicate d Do you have any exis					ution/bank? If so state	e										
			-													
Address of the Proper	rty I D No				Name of Mortgag	0										
Address of the Froper	ITY LIN INO				Name of Wortgag	e										
Approx Outstanding	Balance		Monthly Rer	ital Incor	me (If Applicable)		Monthly Loan Repayment									
Name & Address of y	our															
Advocates																
Have you ever been obankrupt /insolvent o	leclared	If Yes, g	ive details													
court order for debt r	egistered															
against you? Yes D. LOAN PARTICU																
Currency KShs		GBP	EUR													
	030	ODI.	LUIT		Installment Dere	nc:-1	Davidd in Months									
Amount Required					Installment Repayn	nent	Months Months									
Amount in Words																
		F	Purpose of Loa	n (tick w	vhichever is applicabl	le)										
Purchase nouse			Construction				Equity release									





E. PARTICULARS OF PROPERTY TO BE MORTGAGED														
Plot No. of property to be mortgaged (Street name a number if applicable)	Name,	Name, Address and Telephone No.of Vendor												
Name, Address and Telephone No. of occupier, if an	Where	will the	keys be	e obtained	l?									
Have the occupants agreed to allow the bank valuer the premises?	Purcha Ksh	Purchase price (if urban plot, state so) Ksh												
INDICATE SOURCE TO MEET SHORTFALL, PURCHA		ND LOAN AMOUNT												
Tick whichever is applicable	Amount	in Figures	n Figures											
a. Personal savings Ksh														
b. Disposal of investment Ksh														
c. Amount already spent (what source) Ksh														
d. Others (specify) Ksh														
TOTAL														
F. DO YOU INTEND TO CREATE A SECOND MOR	F. DO YOU INTEND TO CREATE A SECOND MORTGAGE?													
If Yes, is the property freehold or leasehold?		If leasehold, state unexpired lease term and annual ground rent												
Give details of any outstanding road or sewerage ch	arges:	State the ratable value												
Is the property for owner occupation or rental?		Is the	Is the property mortgaged elsewhere now?											
Does the property have a guest house?		Where is/are the title deed(s)?												
Indicate then nearest township, municipality or tradi	ing centre	Area of land (attach copy of official search or title)												
If property to be mortgaged comprises flats, maiso other rentable accommodation, attach the followin	Where the property is already built, please state the materials used in construction:													
a. Cash flow projections for the next ten years	i. Walls													
b. Current professional valuation report	ii. Roof													
Should you wish to give any other relevant info	ormation, p	lease attac	h on a d	ifferent	t sheet of	paper.								
					'	- -								





G. DI	SCL	OSUR	E OF	OTHE	R REL	ATE	D ACC	OUN	TS																				
Your Name									A company where you are a Director																				
Your Account Number:											Con	npan	у Асс	coun	t N	lum	ber	:											
If you have a Joint Account, indicate below the Account Name:									If you are a Guarantor for an individual or a company indicate the Account Name below:											licate									
Joir	nt Ac	cour	ıt Nu	mber											Account Number														
TEI	RMS	SAN	D CC	NDI	ITION	IS																							
1.	TI	hat t	he a	ccep	tance	e of	fany	fee	is ur	ider	nc	o pre	ejud	lice	e and	will	not	obli	gate	e t	he	Bar	ık to	adv	ance	the	lo	an.	
2.					offer reof.	to a	adva	nce,	the I	Bank	k g	jives	or	im	plies	no w	/arra	anty	as t	0	the	pri	ce o	r val	ue o	f the	e p	roper	ty or
3.			ank v Jage	vill,	at My	//0	ur e	xpen	se, i	nsur	e l	My/0	Our	lif	e and	d the	mo	rtga	ged	p	rop	ert	y dui	ring	the l	ife o	of t	he	
4.	al wi di	l oth ith tl sbur	er fe he m sem	es c ortg	hargo age o in co	ed doo	by ai	ny go entat	overi	nme In a	nt dd	al or litior	· loc n, l/	aİ W	auth e will	ority be r	. The	e Ba ired	nk v to n	wil ne	ll in	strı lega	ict it il cos	s ad	voca nd a	tes v ny o	wh the	es and o will er tly to	deal
5.															om a											/or	un	derta	ke
6.	1/	We ι	ınde	rstaı	nd th	e fe	ees h	ere a	abov	e ar	e r	not r	efu	nd	able.														
7.	Tł	nat t	he va	aluat	tion r	ер	ort is	for	use l	by th	ıe	Co-c	ре	rat	ive B	ank	of K	enya	a Ltc	d o	nly								
8.																													
	pr	oces	sed	in ac	cord	and	ce wi	th th	e pr	ovisi	ior	ns of	the	e D	ata P	rote	ction	ı Act	t, 20	19	9, a	nd	whei	re ap	plica	able	th	n sha e Gen e to ti	eral





CERTIFICATE OF CONFIRMATION

I/We have read and agreed to the foregoing and declare that my/ our answers are a true statement and that they shall form the basis of a loan the Bank may decide to advance to me/us.

SIGNED			
First Applicant	Second App	plicant (if Joint account)	
Date / /	Date		
FOR OFFICIAL USE	Date	/ /	
	fer No.	Account No.	
Application (e.		Account its:	
Relationship Manager:			
Name			
	_		
Signature	Date_		
Stamp	_		

Forward the form to:

Diaspora Banking, Co-operative Bank of Kenya
P O Box 48231- 00100 Nairobi, Kenya, Haile Selassie Avenue
Tel land line No: + 254 20 3276 086, Mobile: + 254 20 3276 086 or +254 736 690100
Fax No: +254 – 20 - 3276518, Email: diasporabanking@co-opbank.co.ke