

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND TICK WHERE APPLICABLE.

Branch

Date

D	D	M	M	Y	Y	Y	Y
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I/we wish to open the following account (s), and related services. I/we undertake to comply, observe and be bound by the Terms and Conditions and tariffs made by the bank in force and as amended from time to time pertaining to such accounts per the General Terms and Conditions document availed and read by me/us.

Account Name:

Type of Account (Tick appropriately)

 Sole Proprietorship   
  Partnership   
  Company   
  Society   
  Government   
  Groups   
  NGO

Tick	Product Name	Account Number	Currency (Tick Appropriately)	
<input type="checkbox"/>	Jamhuri Transactional Business Account	<input type="text"/>	KES <input type="checkbox"/>	USD <input type="checkbox"/>
<input type="checkbox"/>	Jamhuri Business Savings Account	<input type="text"/>	GBP <input type="checkbox"/>	EURO <input type="checkbox"/>

### ACCOUNT DETAILS

Business Address:

Zip/Postal Code

City/Town /State

Country

C/O (where applicable)

Telephone (office):

EMAIL:

Date of Incorporation/Registration

Certificate of incorporation/Registration Number

D	D	M	M	Y	Y	Y	Y
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Country of Business Incorporation/Registration

Country of operation

Other Country of Operation

KRA PIN

Associated company (ies) / Contact Person Name

Associated company (ies) / Contact Person address

Associated company (ies) / Contact Person phone number

 Purpose of the account:   
  Savings   
  Business   
  Collections   
  Others(Specify)

Nature of Business

Industry/Sector:

Main Source of Funds

Other source(s) of funds

 Estimated Annual Sales Turn Over   
 Up to 10M   
 10.1M-100M   
 100.1M-500M   
 Above 500M

**Other Accounts Currently Held with Co-operative Bank and/or other Banks**

Bank Name

Bank :

Account No.

Branch:

Bank Name

Bank :

Account No.

Branch:

1 <sup>ST</sup> SIGNATORY			DEBIT CARD ORDERED		YES	NO	
Mr/Ms/Miss/Dr./Hon./Prof./Other(Specify)		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
First Name		Middle Name		Last Name			
Kenyan ID Number		Passport Number		Passport Expiry Date		DOB	
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Marital/Civil Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Joint	
Nationality		Other Nationality(For dual Citizen)			Country of Birth		
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
KRA Pin		Tax Identification /N.I/ SSN No.			Tax Country		
Country of Residence		House No.& Street		Zip/Postal Code		Town/State	
My Mobile Number.				My Other Number.			
Email:							
Source of Funds							
Monthly Income Range (Kes Equivalent) <input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 50,001 – 200,000 <input type="checkbox"/> 200,001 -500,000 <input type="checkbox"/> 500,001-1,000,000							
<input type="checkbox"/> Above 1,000,000							
Name of Employer:			Department/Unit		Job Title		
Employment Terms			Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>		
Employer's Address							
Zip/Postal Code		City/Town			Phone No.		
NEXT OF KIN DETAILS							
First Name		Middle Name			Last Name		
House No. /Street		Zip code		City/Town		Country	
E-Mail Address		Phone No.		Relationship with next of Kin			
Other Accounts Currently Held with us and/or other banks							
Account Name		Bank & Branch			Account No.		
Account Name		Bank & Branch			Account No.		
Applicant's Signature (Sign at the center of the box)		Authenticator's Signature (Sign at the center of the box)			Affix Applicant's passport size photo Or Indicate photo number  -----		

2 <sup>nd</sup> SIGNATORY			DEBIT CARD ORDERED		YES	NO
Mr/Ms/Miss/Dr./Hon./Prof./Other(Specify)		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
First Name		Middle Name		Last Name		
Kenyan ID Number		Passport Number		Passport Expiry Date		DOB
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital/Civil Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Joint
Nationality		Other Nationality(For dual Citizen)		Country of Birth		
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
KRA Pin		Tax Identification /N.I/ SSN No.			Tax Country	
Country of Residence		House No.& Street		Zip/Postal Code		Town/State
My Mobile Number.				My Other Number.		
Email:						
Source of Funds						
Monthly Income Range (Kes Equivalent) <input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 50,001 – 200,000 <input type="checkbox"/> 200,001 -500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> Above 1,000,000						
Name of Employer:			Department/Unit		Job Title	
Employment Terms			Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>	
Employer's Address						
Zip/Postal Code		City/Town			Phone No.	
NEXT OF KIN DETAILS						
First Name		Middle Name			Last Name	
House No. /Street		Zip code		City/Town		Country
E-Mail Address		Phone No.		Relationship with next of Kin		
Other Accounts Currently Held with us and/or other banks						
Account Name		Bank & Branch			Account No.	
Account Name		Bank & Branch			Account No.	
Applicant's Signature (Sign at the center of the box)		Authenticator's Signature (Sign at the center of the box)			Affix Applicant's passport size photo Or Indicate photo number  -----	

**3<sup>RD</sup> SIGNATORY**
**DEBIT CARD ORDERED**
 YES

 NO

Mr/Ms/Miss/Dr./Hon./Prof./Other(Specify)		Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name		Middle Name		Last Name	
Kenyan ID Number		Passport Number		Passport Expiry Date	
				D D M M Y Y Y Y D D M M Y Y Y Y	
Marital/Civil Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Joint
Nationality		Other Nationality(For dual Citizen)		Country of Birth	
				D D M M Y Y Y Y D D M M Y Y Y Y	
KRA Pin		Tax Identification /N.I/ SSN No.		Tax Country	
Country of Residence		House No.& Street		Zip/Postal Code	
				Town/State	
My Mobile Number.		My Other Number.			
Email:					
Source of Funds					
Monthly Income Range (Kes Equivalent) <input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 50,001 – 200,000 <input type="checkbox"/> 200,001 -500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> Above 1,000,000					
Name of Employer:		Department/Unit		Job Title	
Employment Terms		Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>	
Employer's Address					
Zip/Postal Code		City/Town		Phone No.	

**NEXT OF KIN DETAILS**

First Name		Middle Name		Last Name	
House No. /Street		Zip code		City/Town	
				Country	
E-Mail Address		Phone No.		Relationship with next of Kin	

**Other Accounts Currently Held with us and/or other banks**

Account Name	Bank & Branch	Account No.
Account Name	Bank & Branch	Account No.

Applicant's Signature (Sign at the center of the box)	Authenticator's Signature (Sign at the center of the box)	Affix Applicant's passport size photo Or Indicate photo number -----
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4 <sup>TH</sup> SIGNATORY				DEBIT CARD ORDERED		YES	NO				
Mr/Ms/Miss/Dr./Hon./Prof./Other(Specify)		Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>					
First Name		Middle Name		Last Name							
Kenyan ID Number		Passport Number		Passport Expiry Date		DOB					
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Marital/Civil Status		<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		<input type="checkbox"/> Joint	
Nationality		Other Nationality(For dual Citizen)				Country of Birth					
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
KRA Pin		Tax Identification /N.I/ SSN No.				Tax Country					
Country of Residence		House No.& Street		Zip/Postal Code		Town/State					
My Mobile Number.				My Other Number.							
Email:											
Source of Funds											
Monthly Income Range (Kes Equivalent) <input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 50,001 – 200,000 <input type="checkbox"/> 200,001 -500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> Above 1,000,000											
Name of Employer:			Department/Unit			Job Title					
Employment Terms			Permanent <input type="checkbox"/>			Contract <input type="checkbox"/>					
Employer's Address											
Zip/Postal Code		City/Town			Phone No.						
NEXT OF KIN DETAILS											
First Name		Middle Name			Last Name						
House No. /Street		Zip code		City/Town		Country					
E-Mail Address		Phone No.		Relationship with next of Kin							
Other Accounts Currently Held with us and/or other banks											
Account Name		Bank & Branch			Account No.						
Account Name		Bank & Branch			Account No.						
Applicant's Signature (Sign at the center of the box)			Authenticator's Signature (Sign at the center of the box)			Affix Applicant's passport size photo Or Indicate photo number -----					

**INTERNET BANKING SERVICES**

Register my account(s) for Internet banking services. I promise to abide by the terms and conditions for the use of service.

 Account No. 1 

 Account No. 2 

Signatory 1: \_\_\_\_\_ Signatory 2: \_\_\_\_\_

Signatory 3: \_\_\_\_\_ Signatory 4: \_\_\_\_\_

 (Bank to fill) Security Token ID 

 Statement: Please send my account statement via (Tick appropriately)  Email as provided  Only on my/our request

 Frequency: Daily  Weekly  Fortnightly  Monthly 
**SIGNING INSTRUCTIONS**

 Any to sign  Any Two  Any Three  Any Four  All to sign 

Special Instructions:

TO THE CO-OPERATIVE BANK OF KENYA LIMITED

I/We agree that this account(s) shall be operated solely at the discretion of the Co-operative Bank of Kenya Limited ("the Bank") and hereby agree to indemnify the Bank at my/our cost against any loss of claims howsoever arising out of the account being closed by the Bank without notice due to unsatisfactory performance or due to any breach of disclosure requirements mandatory under any written laws or regulatory requirements to which the Bank shall now or subsequently be subject either under municipal or international law.

Specifically, I/We confirm having read and understood and confirm having accepted by signing hereunder to be bound by the strict and mandatory Disclosure requirements and standards set out in the Foreign Account Tax Compliance Act to which the Bank is subject. I/We authorize the bank to use my/our contact details to send information about products and services including but not limited to offers and promotions. I/We confirm having read and understood the General Terms and Conditions available on the Bank's website [www.co-opbank.co.ke](http://www.co-opbank.co.ke) or such other websites as the bank may designate as its official website from time to time on this day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ and which I/We accept.

I/We also, by signing below, hereby confirm having read and understood and issued to the Bank the indemnity in the terms provided to me and which I/We confirm having received and read and understood the terms of the indemnity on the aforementioned date.

I/We also confirm and accept that the Terms and Conditions and the terms of the Indemnity (together 'Terms') may be amended by the Bank and any such amended Terms are available on the Bank's website [www.co-opbank.co.ke](http://www.co-opbank.co.ke) or such other website as the Bank may designate as its official website from time to time.

 1<sup>st</sup> Signatory \_\_\_\_\_ 2<sup>nd</sup> Signatory \_\_\_\_\_

 3<sup>rd</sup> Signatory \_\_\_\_\_ 4<sup>th</sup> Signatory \_\_\_\_\_

**FOR OFFICIAL USE ONLY**
**Customer information checklist**

Valid identification documents obtained and authenticated as per procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All customer contact information obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photographs obtained/Captured and authenticated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mandated signatures obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blacklist register checked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Debit card ordered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Joint applicants forms attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Statement request completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PEP Status checked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Internet Banking subscribed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PEP Related	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FATCA indication checked(attach W9/W8Ben form)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Linking/ creation of relationship	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FATCA form forwarded to Diaspora banking Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**DATA INPUT INFORMATION**

Corp flag(0-9)	<input type="text"/>	Tax indicator (Yes/No)	<input type="text"/>	Sector code	<input type="text"/>
ARO Code	<input type="text"/>	Employer (G,P,I,D,S,C,O)	<input type="text"/>	Sub-sector code	<input type="text"/>
Sex Indicator (0-2)	<input type="text"/>	DSO Code	<input type="text"/>	PF Number	<input type="text"/>
AML Risk Category	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High		
BSM code	<input type="text"/>	Bank Dir Related	<input type="text"/>	Agent Code	<input type="text"/>

**BRANCH SDO/SERVICE/BRANCH MANAGER**

Account Opened by : Name \_\_\_\_\_ Signature \_\_\_\_\_ Stamp(Mandatory) \_\_\_\_\_

Account Authorized by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Stamp (Mandatory) \_\_\_\_\_