

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 as per the General Terms and Conditions document availed and read by me/us:

ACCOUNT NAME:

 PERSONAL JOINT

Tick	Product Name	Account number (bank to fill)	Currency (Tick Appropriately)	
	Jamhuri transactional Account	<input type="text"/>	<input type="checkbox"/> KES	<input type="checkbox"/> USD
	Jamhuri savings Account	<input type="text"/>		
	Jamhuri Jumbo Junior	<input type="text"/>	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO

 Purpose of account Investment Savings Salary Business Collection
 Other(specify)
DETAILS OF THE FIRST APPLICANT
DEBIT CARD ORDERED
 YES

 NO

 Mr./Ms./Miss./Dr./Hon./Prof./Other (Specify) Gender Male Female

First Name	Middle Name	Last Name
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Kenyan ID. Number	Passport Number	Passport Expiry date	KRA PIN	DOB
		<input type="text"/>		<input type="text"/>

 Marital / Civil Status Single Married Divorced Widowed

Nationality	Other Nationality	Country of Residence
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Tax Identification / N.I/ SSN No.	House No.& Street
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Zip/Postal Code	City/Town/State
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My Mobile No.	My Other No.
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Email:

SOURCES OF INCOME
 Employed Self Employed Student Other (Specify)

Main Source of funds	Other Sources of funds:
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Employed	Employer's Name:	Employer's Address.	Office Tel. No.
	Terms of Employment Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	Job Title/Role/Position	Department/Unit/Section/Division
	Avg. Monthly Income (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"/> 500,001-1M <input type="checkbox"/> Above 1M		

Self Employed	Business Name:	Nature of Business	Business Reg./ Company Inc. Number
	Physical Address of Business/ Location	Business Contact Name	Contact Tel. No.
	Est. Monthly Sales Turnovers (Kes Equivalent): <input type="checkbox"/> Less than 200,000 <input type="checkbox"/> 200,001 – 500,000 <input type="checkbox"/> 500,001 – 1M <input type="checkbox"/> 1M – 5M <input type="checkbox"/> Above 5M		

Student	Name of University/College	Admission Number:	Expected Completion Date:
	Est. Monthly Deposits (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– 1M <input type="checkbox"/> Above 1M		

Other	Est. Monthly Deposits (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– 1M <input type="checkbox"/> Above 1M		
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CONTACT PERSON DETAILS

First Name	Middle Name	Last Name
Email:		Phone No:
<input type="checkbox"/> I hereby authorize the Bank to contact the above mentioned individual if I/we unavailable.		
Signature	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

NEXT OF KIN DETAILS

First Name	Middle Name	Last Name
House No.& Street	Zip/ Postal Code	City/ Town/State
ID No.	Passport No	Relationship
Email:		

OTHER ACCOUNTS CURRENTLY HELD WITH US

Account Name	Branch	Account Number
Account Name	Branch	Account Number

OTHER ACCOUNTS CURRENTLY HELD WITH OTHER BANKS

Account Name	Bank : Branch:	Account Number
Account Name	Bank : Branch:	Account Number

FOR JUMBO JUNIOR APPLICANTS (Fill the following section)
Gender

 Male

 Female

Child's First Name	Middle Name	Last Name
DOB <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Child Birth Certificate /Notification Number:	
Relationship With Child(Tick)	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	

Other(specify)

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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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 Number. 1

 Account Number. 2

 Account Number. 3

Account Number. 4

(Bank to fill) Security Token ID

Signatory 1: _____ Signatory 2: _____

Signatory 3: _____ Signatory 4: _____

STATEMENT REQUEST

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

 Signature _____ Date

 Frequency: Daily Weekly Fortnightly Monthly

SIGNING INSTRUCTIONS (Tick)
 SOLE EITHER ANY TWO ANY THREE ALL TO SIGN

 OTHERS (Specify) _____

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 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 or such other website as the Bank may designate as its official website from time to time, a copy of which has been availed to me/us this day _____ Month _____ Year _____ and which I/We accept.

Applicant’s Signature _____

Joint Account applicants should attach Joint Account Application form (A1 (d))

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

(Tick Appropriately)

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

AUTHORITIES AND APPROVALS (BRANCH SERVICE DESK OFFICER/SERVICE MANAGER / BRANCH MANAGER)
Account Opened By:

Name: _____

 Signature & Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Account Authorized By:

Name: _____

 Signature & Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Remarks if Applicable