

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)
<input type="checkbox"/>	Jamhuri transactional Account		<input type="checkbox"/> KES <input type="checkbox"/> USD
<input type="checkbox"/>	Jamhuri savings Account		
<input type="checkbox"/>	Jamhuri Jumbo Junior		<input type="checkbox"/> GBP <input type="checkbox"/> EURO

FIRST APPLICANT

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DEBIT CARD ORDERED

YES	NO
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Mr./Ms./Miss./Dr./Hon./Other (Specify) First Name Middle Name Last Name

Kenyan ID KRA PIN Passport Number Date of Birth

D	D	M	M	Y	Y	Y	Y
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Country of Birth Nationality Country of Residence

House No.& Street

Zip/Postal Code City/Town State

My Mobile No. My Other No.

EMAIL:

Income Range

0 – 50,000	50,001 – 200,000	Above 200,000
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Source of Funds

Purpose of Account

Investment	Savings	Salary	Business	Collection	Other (Specify)
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Employer name/Occupation (if self employed, specify)

Employer's Address

Zip/Postal Code City/Town Tel:

Other Accounts Currently Held with us

Account Name	Branch	Account Number
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Account Name	Branch	Account Number
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Applicant's Signature (Sign at the center of the box)	Authenticator's Signature (Sign at the center of the box)	Affix passport size photo or Indicate photo number
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CONTACT INFORMATION

First Name Middle Name Last Name

House No.& Street

Zip/postal code City/Town Country

EMAIL: Tel:

FOR JUMBO JUNIOR APPLICANTS (Fill the following section)
CHILD IS
 F

 M

Child's First Name

Middle Name

Last Name

Date of Birth

Child Birth Certificate /Notification Number:

Country of Birth:

Nationality:

Country of Residence:

Relationship With Child (Tick) Parent

 Y

 N

Guardian

 Y

 N

Other (specify)

INTERNET BANKING SERVICES

Register my details for Co-operative Bank of Kenya. Internet Banking services, I promise to abide by the terms and conditions for the use of service.

Other Accounts Numbers to link

Account no.

Account no.

Statement:

Please send my account statement via (Tick appropriately)

Email as provided

Only on my/our request

(Bank to fill) Security Token ID

SIGNING INSTRUCTIONS (Tick)

SOLE

EITHER

ANY TWO

ANY THREE

ALL TO SIGN

I/We agree that this account(s) shall be operated solely at the discretion of the Bank and hereby agree to indemnify the Bank at my/our cost against any loss or 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 further confirm having read and understood the general terms and conditions a copy of which has been availed to me/us this day _____ Month _____ Year _____ and which I/We accept. *Terms and conditions apply

Applicants 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	No	All customer contact information obtained	Yes	No
Photographs obtained/Captured and authenticated	Yes	No	Mandated signatures obtained	Yes	No
Blacklist register checked	Yes	No	Debit card ordered	Yes	No
Joint applicants forms attached	Yes	No	Statement request completed	Yes	No
Internet Banking subscribed	Yes	No			

DATA INPUT INFORMATION

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

BRANCH ASO/ASR

Account Opened by : Name _____ Signature _____ Stamp (Mandatory)