

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

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

**INTERNET BANKING SERVICES**

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

**Applicant's Signature** \_\_\_\_\_ Date

**(Bank to fill)** Security Token ID

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**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 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

1st Signatory \_\_\_\_\_ 2nd Signatory \_\_\_\_\_

3rd Signatory \_\_\_\_\_ 4th Signatory \_\_\_\_\_

**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
Internet Banking subscribed	Yes	No	Statement request completed	Yes	No

**DATA INPUT INFORMATION**

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

**BRANCH ASO/ASR**

Account Opened by : Name \_\_\_\_\_ Signature \_\_\_\_\_ Stamp \_\_\_\_\_

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

**Branch** \_\_\_\_\_ **Date**

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)
	Jamhuri Transactional Business Account	<input type="text"/>	KES <input type="checkbox"/> USD <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 \_\_\_\_\_

Country \_\_\_\_\_ C/O (where applicable) \_\_\_\_\_

Telephone (office): \_\_\_\_\_ EMAIL: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date of Incorporation/Registration         Certificate of incorporation Number \_\_\_\_\_ KRA PIN \_\_\_\_\_

Associated company (s) \_\_\_\_\_ Country of Incorporation/Registration. \_\_\_\_\_

Source of Funds	Income Range	0-50,000	50,001-200,000	Above 200,000
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**Other Accounts Currently Held with us or other Banks**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account Number \_\_\_\_\_

**1<sup>ST</sup> SIGNATORY**         **DEBIT CARD ORDERED** YES NO

Mr./Ms./Miss./Dr./Hon./Other (Specify) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Kenyan ID/KRA PIN \_\_\_\_\_ Passport Number \_\_\_\_\_ Date of Birth

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

House No.& Street \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ City/Town \_\_\_\_\_

My Mobile No. \_\_\_\_\_ My Other No. \_\_\_\_\_

EMAIL: \_\_\_\_\_

Employer name/Occupation (if self employed, specify) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ City/Town \_\_\_\_\_ Tel: \_\_\_\_\_

**Other Accounts Currently Held with us**

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**2<sup>nd</sup> SIGNATORY  DEBIT CARD ORDERED  YES  NO**

Mr./Ms./Miss./Dr./Hon./Other (Specify)	First Name	Middle Name	Last Name
Kenyan ID.	Passport Number	Date of Birth <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"/>	
Country of Birth	Nationality	Country of Residence	

House No.& Street

Zip/Postal Code  City/Town

My Mobile No.  My Other No.

EMAIL:

Employer name/Occupation (if self employed, specify)

Employer's Address

Zip/Postal Code  City/Town  Tel:

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**3<sup>rd</sup> SIGNATORY  DEBIT CARD ORDERED  YES  NO**

Mr./Ms./Miss./Dr./Hon./Other (Specify)	First Name	Middle Name	Last Name
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**4<sup>th</sup> SIGNATORY  DEBIT CARD ORDERED  YES  NO**

Mr./Ms./Miss./Dr./Hon./Other (Specify)	First Name	Middle Name	Last Name
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Kenyan ID.	Passport Number	Date of Birth <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"/>
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**Other Accounts Currently Held with us**