



CO-OP ONLINE BANKING APPLICATION FORM - CORPORATE



Which branch are you applying from? _____

Date / /

What is your business segment? (Select one)

- CORPORATE
 SME
 MSME
 CO-OP KWA JIRANI AGENT
 JOINT ACCOUNT

Reason for filling this form? (Select one)

- New Application
 Amendment (specify) _____

SECTION 1: COMPANY DETAILS - Capture In Block Letters. (All Fields Are Mandatory)

Company Name _____

Postal Address _____ Postal Code _____ Town _____ Physical Address _____

Primary Contact Person

Name _____

Role _____

Phone Number _____

Email Address _____

SECTION 2: BANK ACCOUNT DETAILS

Account Name	Account Number	Currency (Eg KES, USD...)
1. _____	<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"/>	_____
2. _____	<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"/>	_____
3. _____	<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"/>	_____
4. _____	<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"/>	_____
5. _____	<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"/>	_____
6. _____	<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"/>	_____
7. _____	<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"/>	_____
8. _____	<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"/>	_____
9. _____	<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"/>	_____
10. _____	<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"/>	_____

SECTION 3: FEES & CHARGES

Bulk Payment charges (where applicable)

Charge Per Transaction (KES) _____

SECTION 4: USER DETAILS *(Make another copy of this page if you have more than 4 users)*

User's Full Name _____

Email Address _____

Preferred User ID _____

Mobile Number _____

Token Type: Soft Token Hard Token

Will have access to:

All Accounts Specific Accounts (refer to section 2(two))

1 2 3 4 5 6 7 8 9 10

User Rights
(Select all that apply)

View
 Input
 Authorise

Admin Rights

Unlock
 Reset

Services Required
(Select all that apply)

Account Services
 Payments
 Payroll

User's Full Name _____

Email Address _____

Preferred User ID _____

Mobile Number _____

Token Type: Soft Token Hard Token

Will have access to:

All Accounts Specific Accounts (refer to section 2(two))

1 2 3 4 5 6 7 8 9 10

User Rights
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Services Required
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Account Services
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 Payroll

User's Full Name _____

Email Address _____

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Unlock
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Services Required
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Account Services
 Payments
 Payroll

User's Full Name _____

Email Address _____

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1 2 3 4 5 6 7 8 9 10

User Rights
(Select all that apply)

View
 Input
 Authorise

Admin Rights

Unlock
 Reset

Services Required
(Select all that apply)

Account Services
 Payments
 Payroll

SECTION 5: TRANSACTION LIMIT (per upload)

Amount In Figures _____

Amount In Words _____

SECTION 6: DECLARATION AND ACCEPTANCE BY ACCOUNT SIGNATORIES

I/We confirm having **read and understood** the general Terms and Conditions which I/We accept. I/We also confirm and accept that the Terms and Conditions are available on the Bank's website and may be amended by the Bank and any such amended Terms and Conditions 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.

I/We agree that the signature page also serves as a resolution and indemnity to use internet banking platform in its entirety.

I/We also, by signing below, hereby confirm that I/We understand that the person(s) granted 'Administrator Rights' above by the Bank upon My/Our nomination in this form shall have the **right to unlock and/or reset the passwords of other users** of the internet banking service nominated by Me/Us. I/We hereby indemnify the Bank from any claim arising from any loss, injury, harm or other effect of having granted such Administrator Rights to any such person listed herein by Me/Us.

Name	Designation	Signature	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

SECTION 7: FOR OFFICIAL BANK USE ONLY**ARO Details**

ARO Name _____

ARO Code _____

Received and Verified By

Bank Officer's Name _____

PF Number _____

Bank Officer's Signature _____

Date _____

Call Back Details

Director Or Signatory's Name _____

PF Number _____

Bank Officer's Signature _____

Date _____

Authorised By

Bank Officer's Name _____

PF Number _____

Bank Officer's Signature _____

Date _____