

Business /Package Application Form

New Customer (Fill all sections)

Existing Customer (Skip section A)

Branch _____ **Date** _____

I/We wish to open the following account (s), and obtain the related services. I/We undertake to comply, observe and be bound by the Terms and Conditions and tariff-s set by The Co-operative Bank of Kenya Limited (the Bank) and as amended from time to time pertaining to the services provided to us by the Bank. I/We confirm and accept that the Terms and Conditions 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.

Type of account (Tick Appropriately) Sole Proprietorship (registered & Unregistered) Limited Company Partnerships Others _____

Account Name _____
Existing Account Number _____
New Account number _____

Note: Existing customers do not have to provide additional documentation (unless otherwise advised)

Section A: Account Details

Postal Address _____ **Postal code** _____ **Town** _____ **c/o** _____
Telephone (office) _____ **Email Address** _____
Nature of business _____
Physical Address _____ **Street/Road** _____ **Building** _____
Date of incorporation/registration _____ **Certificate of incorporation number** _____
KRA PIN _____ **Associated company (ies)/Contact Person Name** _____
Associated company (ies)/Contact Person address _____ **Associated company (ies)/Contact Person mobile number** _____

Section B: Products Required (Tick appropriately)

My Package	My Savings	My Collections	My Payments	My Security
MSME BRONZE <input type="checkbox"/> <i>(Current a/c, Mcoop Cash, Debit card, Mcollection/Lipa na Mpesa till, Retail Internet Banking, Personal accident cover)</i>	<input type="checkbox"/> Saving account <input type="checkbox"/> Jumbo junior <input type="checkbox"/> Fixed deposit <input type="checkbox"/> Call deposit	<input type="checkbox"/> M-Visa <input type="checkbox"/> Agent POS <input type="checkbox"/> Merchant POS	<input type="checkbox"/> 100 leaf Cheque Book <input type="checkbox"/> 50 leaf cheque book <input type="checkbox"/> Credit card	<input type="checkbox"/> Motor insurance <input type="checkbox"/> Micro Biashara <input type="checkbox"/> Personal/Medical <input type="checkbox"/> Safe Custody
MSME SILVER <input type="checkbox"/> <i>(Current a/c, Mcoop Cash, Merchant POS /Mcollection/Lipa na Mpesa till, Cheque book, Debit card, Internet Banking, Personal accident cover, Credit card*)</i>	<input type="checkbox"/> Savings account <input type="checkbox"/> Jumbo junior <input type="checkbox"/> Fixed deposit <input type="checkbox"/> Call deposit	<input type="checkbox"/> M-Visa <input type="checkbox"/> Agent POS	<input type="checkbox"/> Bulk Mco-op Cash	<input type="checkbox"/> Motor insurance <input type="checkbox"/> Personal/Medical <input type="checkbox"/> WIBA <input type="checkbox"/> Micro Biashara <input type="checkbox"/> Safe Custody
MSME GOLD <input type="checkbox"/> <i>(Current account, , Merchant POS/Mcollection/Lipa na Mpesa till, Mco-op cash, Internet banking, Cheque book, Debit card, Personal accident cover , Credit card*, Executive banking)</i>	<input type="checkbox"/> Savings account <input type="checkbox"/> Jumbo junior <input type="checkbox"/> Fixed deposit <input type="checkbox"/> Call Deposit	<input type="checkbox"/> M-Visa <input type="checkbox"/> Agent POS	<input type="checkbox"/> Bulk Mco-op Cash	<input type="checkbox"/> Motor insurance <input type="checkbox"/> Personal/Medical <input type="checkbox"/> WIBA <input type="checkbox"/> Safe Custody

Other products: (e.g. Education partnership account, Haba na Haba, etc)

Estimated Monthly Sales Turn Overs _____ **Industry/Sector:** _____

1 st Signatory	Debit card ordered	Y	N	2 nd Signatory	Debit card ordered	Y	N
7 digit client number				7 digit client number			
Customer full name				Customer full name			
Description				Description			
ID/ Passport Number				ID/ Passport Number			
Mobile Number				Mobile Number			

Specimen Signature (sign at the center of the box)

Affix passport size phot or indicate photo

Affix passport size phot or indicate photo

3 rd Signatory	Debit card ordered	Y	N	4 th Signatory	Debit card ordered	Y	N
7 Digit Client Number				7 Digit Client Number			
Customer full name				Customer full name			
Description				Description			
ID/ Passport Number				ID/ Passport Number			
Mobile Number				Mobile Number			

Specimen signature (sign at the center of the box)

Affix passport size phot or indicate photo

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