

**COMPLETE SECTIONS [A – H]**
**SECTION A: TELL US ABOUT YOUR BUSINESS**

Clients Business Name (“Doing Business As”):	Client’s Legal Name:

**Business License/Business Registration Numbers**

1.	2.
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Postal Address:	Postal Code	Town/City	County

Business Phone (Mobile Line)	Business Phone (Fixed Line)	Business Email Address	Business Fax Number

Physical Location: Building	Floor	Street/Road	Town/City

Number of Outlets	List outlet name and location/address		
1.	2.	4.	7.
2.		5.	8.

Legal Form of Business	Brief description of type of goods or services, and how they are sold. State also the method and timeliness of delivery (immediate or future)
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<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Co-operative	<input type="checkbox"/> Corporation (LTD) <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Entity <input type="checkbox"/> NGO – Profit Organization
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Already signed up as a merchant	Estimated Sales Vol. per Month (KES)	Avg. Ticket Size or Avg. Amount per transaction	Years in operation	Billing terms
<input type="checkbox"/> Yes: Acquirer _____ <input type="checkbox"/> No				<input type="checkbox"/> Customers pay in monthly installments <input type="checkbox"/> Customers pay on pickup <input type="checkbox"/> Customers order and pick

**SECTION B: PRINCIPALS INFORMATION**

<b>1. Proprietor/Partner/Director Name</b>	ID number			
	Postal address		Postal code:	
	Town		Country:	
	Email address			
	Mobile phone no.:			
<b>2. Proprietor/Partner/Director Name</b>	ID number			
	Postal address		Postal code:	
	Town		Country:	
	Email address			
	Mobile phone no.:			

*Attach any additional information on a separate sheet of paper*



**SECTION C: CONTACT(S) INFORMATION**

<b>1. Contact Name:</b>	Designation/Role:	
	Email Address:	
	Mobile Phone No.:	
<b>2. Contact Name</b>	Designation/Role:	
	Email Address:	
	Mobile Phone No.:	

Attach any additional information on a separate sheet of paper.

**SECTION D: BUSINESS BANKING (where do you normally bank your business proceeds?)**

Bank Name	Account Name	Branch	Account Number
1.			
2.			

**SECTION E: REQUIRED POS SERVICES**

Purchase

Utility Payments

Purchase with Cash-back

**SECTION F: MERCHANT SERVICE FEES AND COMMISSIONS**

Co-operative Bank Cards: 

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 Percent (%)

Other Bank Cards: 

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 Percent (%)

Other Commission(s):

**SECTION F: SETTLEMENT DETAILS (Where do you want us to bank proceeds from the POS?)**

Bank Name	Account Name	Branch	Account Number

**SECTION G: DECLARATION**

The statements made in this Merchant Application Form are true. We/I acknowledge having received and read a copy of the Merchant Agreement, and agree to be bound by all provisions as printed therein. We/I hereby consent to be receiving commercial electronic mail messages from the Bank from time to time. This signature page also serves as the signature page to the Board Resolution to be a Co-operative Bank of Kenya's Merchant. Each of the undersigned further agree that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to The Co-operative Bank of Kenya Limited. This information will be used in line with the bank's policy, in order to verify the merchant identity while processing the merchant application, and to make any other relevant decisions as and when the need arises.

By signing below, We/I represent that We/I have read and are authorized to sign and submit this application on behalf of the entity above and all information We/I have provided herein is true, complete, and accurate. We/I authorize Co-operative Bank of Kenya Limited to verify the information in this application, receive and exchange information about us/me. By using Co-operative Bank point of sale terminals and accepting Co-operative Banks' and other Banks' cards for the purchase of goods and/or services, the entity agrees to be bound by the Terms and Conditions in the Merchant Agreement.

**THIS MERCHANT APPLICATION HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED SIGNATORIES OF THE CLIENT IN SECTIONS 'A' ABOVE, AS OF THE EFFECTIVE DATE. Client's Business Principal (s): (Please sign below)**

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	<i>Company Seal or Advocates Stamp</i>
<b>Name:</b>	<b>Signature</b>	<b>Date:</b>	
<b>Name:</b>	<b>Signature</b>	<b>Date:</b>	



**List of documents obtained from merchant (Tick Appropriately)**

<input type="checkbox"/>	Copy of business permit	<input type="checkbox"/>	Financial Statements	<input type="checkbox"/>	Sample Sales Reports
<input type="checkbox"/>	Copy of business registration/License	<input type="checkbox"/>	Tax documents	<input type="checkbox"/>	Sample Invoices/Sales Receipts
<input type="checkbox"/>	Copy of Articles of Incorporation	<input type="checkbox"/>	Copy of Partnership Agreement	<input type="checkbox"/>	Sample Menu's
<input type="checkbox"/>	Cert. Copy of PIN Certificate	<input type="checkbox"/>	Cert. Copy of IDs for Signatories	<input type="checkbox"/>	Business Catalogue/Bronchure

**Other (List Below)**

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Officer Declaration:**

I confirm that the above is true and accurate to the best of my knowledge.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
		<b>Designation:</b>

**Verified and Recommended by:**

Name	Date	Designation	
			<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended  Signature and Per Pro

**Remarks:****Filing Checklist:**

<input type="checkbox"/>	Suspense Accounts Requested	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	POS creation form released to ICT	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Merchant agreement sent to legal	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Revenue stamp mail sent	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Sweeping S/O or advice to BOS	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Company search filed	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Merchant agreement filed	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	TID updated on ShopEx	YES	NO	dd/mm/yyyy	Comments
<input type="checkbox"/>	Installation form filed	YES	NO	dd/mm/yyyy	Comments