

COMPLETE SECT	IONS [A – H]									
SECTION A: TELL US ABOUT YOUR BUSINESS										
Clients Business Name ("Doing Business As"):				С	Client's Legal Name:					
Business License/Busine	ess Registration Num	nbers								
1.				2	2					
Postal Address:		F	Postal Code	Т	Town/City			County		
Business Phone (Mobile	e Line)	Busine	ss Phone (Fixed Line)		Business Email Address		Bu	Business Fax Number		
Physical Location: Build	ing	Floor		S	treet/Road	d	То	wn/Cit	у	
-										
Number of Outlets	List outlet name an	d locatio	on/address							
	1.			4	4.			7.		
	2.			5						
Legal Form of Business			Brief description of type of goods or services, and h				•			
			are sold. State also the method and timeliness of delivery (immediate or future)							
☐ Sole Proprietorship		•	ion (LTD)							
☐ Partnership			it Organization							
☐ Limited Partnership			ent Entity							
☐ Co-operative	⊔N	IGO – Pro	ofit Organization	ganization						
Already signed up as a Estimated Sales Vol. Avg. Ticket Size or					l ears in Billing terms					
Already signed up as a merchant	per Month (KES)	_	Avg. Amount per		peration		3			
merenane	transaction		opei	Jerution .						
☐ Yes:							ay in monthly installments			
Acquirer					\square Customers pay on pickup					
□ No					☐ Customers order			and pick		
SECTION B: PRINCIPALS			10							
1. Proprietor/Partner/Director Name			ID number				Dastal anda			
			Postal address Town				Postal code: Country:			
			Email address		-		Country.			
			Mobile phone no).:						
Proprietor/Partner/Director Name			ID number							
2. Froprietor/Farther/Director Name			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) IN	NFORMATION								
			signation/Role:						
Em			ail Address:						
M			Mobile Phone No.:						
2. Contact Name	De	Designation/Role:							
		Em	ail Address:						
		Mo	bile Phone No.:						
Attach any additional inform	ation on a separate sl	neet of paper.	•						
SECTION D: BUSINESS BAN	IKING (where do you	ı normally bank your busine:	ss proceeds?)						
Bank Name	Account Name	Bra	nch	Account Numb	er				
1.									
2.									
	·								
SECTION E: REQUIRED POS	S SERVICES		SECTION F: MERC	HANT SERVICE I	FEES AND CON	MMISIONS			
☐ Purchase			Co-operative Bank	Cards:		Percent (%)			
☐ Utility Payments			Other Bank Cards:			Percent (%)			
☐ Purchase with Cash-back			Other Commission(s):						
CECTION E. CETTI EMENT E	NETALLE (M/bara da v	ou want us to hank proceed		(3).					
Bank Name	Account Name	ou want us to bank proceed		ranch	Account Number				
Durik Harrie	Account Name			Brunen		7 tood and training t			
SECTION G: DECLARATION									
		on Form are true. We/I acknow	wledge having receiv	ed and read a co	opy of the Mer	chant Agreement, and			
		rein. We/I hereby consent to I	-			-			
-		signature page to the Board	_		_				
undersigned further agree t	hat all references, in	cluding banks and consumer	reporting agencies, i	may release any	and all person	al and business credit			
financial information to The	Co-operative Bank	of Kenya Limited. This inform	mation will be used	in line with the	bank's policy,	in order to verify the			
merchant identity while prod	cessing the merchant a	application, and to make any o	ther relevant decisio	ns as and when th	he need arises.				
Du signing halaw Wa/I yan				.:	. hahalf af tha				
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 MEDCHANT ADDITION	HAS BEEN EVECUTED O	ON BEHALF OF AND BY THE AUTH	ODIZED SIGNATORIES	OE THE CLIENT IN C	ECTIONS (A) AD	OVE AS OF THE			
EFFECTIVE DATE. Client's Busin			ORIZED SIGNATORIES	OF THE CLIENT IN 3	ECTIONS A ADI	JVE, AS OF THE			
Name:		Signature:	Date:						
Name:		Signature	Date:						
					, ,				
Name:		Signature	Date:	Date:					



FOR OFFICIAL USE ONLY							
SECTION H: SITE VISITATION			VISI	TATION CHECKLIST			
1. Zone: ☐ Commercial ☐ Indust			Is inventory consistent with type of business?			YES	NO
2. Location: ☐ Mall ☐ Shopping Center ☐ Office ☐ Apartment		Is Inventory sufficient for type of		YES	NO		
□ Other:	☐ Other: b			business?			
3. Seasonal ☐ Yes ☐ No, Most op	oen between:	to	Currently operating?			YES	NO
4. External Facility Description (#	of Levels/Floors) \Box 1	. 🗆 2-4 🗆 5-10	sale	goods/services delivered a ?	it time of	YES	NO
5. Approx. Square Footage: ☐ 0 -	- 250 □ 251 - 500 □	500+		s merchant store cardhold		YES	NO
6. Merchant Occupies: ☐ Ground	l Floor \square Other:	_		erchant signage and sales sistent with an established		YES	NO
7. Approx. No. Employees: 🗆 0 –	50 🗆 51 – 100 🗆 100)+		cimate business?			
8. Number of Tills: \square 0 – 5 \square –1	0 🗆 10+		Is there evidence of High Foot Traffic?			YES	NO
9. Number of POS terminals currently: ☐ Nil ☐ 1 − 3 ☐ 4 − 10 ☐ licences			oes merchant posses all necessary cences, permits and legal documents elated to the business?			NO	
10. Merchant Processing Volume: ☐ Micro ☐ Mobile ☐ Small ☐ Briefly describe business model:	☐ Medium ☐ Large ☐	Does quantity and quantity of inventory support projected figures for average ticket prices and sales volume?		YES	NO		
			the ;	employees knowledgeable goods/services offered an omer policies?	d/or any	YES	NO
			cata	chant possess a current pologue/brochure? erchant High Risk or Low I		YES High	NO Low
				visitation done on:			
			Date		Time		
			Pers	son(s) Interviewed			
			Nan		Role:		
Provide any other relevant information	on regarding the potent	ial merchant belov	N;				
Site Visitation Declaration							
I confirm that the above is true and a	ccurate to the best of n	ny knowledge:	_				
Name	Signature	Date		DSO CODE	Branch		



List of	documents obtained fr	om merchant (Tick A	Appropriat	elv)					
		•		•					
-	Copy of business permit				Statements		_	mple Sales Reports	
-	Copy of business registration/License			Tax docun				mple Invoices/Sales Receipts	
-	Copy of Articles of Incorporation				artnership Agre		_	mple Menu's	
	Cert. Copy of PIN C	Certificate		Cert. Copy	of IDs for Sign	atories	Bu	siness Catalogue/Bronchure	
	Other Attendance								
Г	Other (List Below)								
-								<u> </u>	
-									
Ĺ									
Office	r Declaration:								
I conf	rm that the above is true	e and accurate to the	e best of m	y knowled	ge.				
Name	•		Signatur	٥٠				Date:	
IVallic	•		Jigilatai	. .				Designation:	
								2008.101.01.1	
Verifi	ed and Recommended by	<i>I</i> •							
Name Date		Designation							
Nume Date					☐ Recommended				
						☐ Not Recommended			
_							5	ignature and Per Pro	
Remar	KS:								
Filing	Checklist:								
	T	an and	V	EC NO		C 0 110 110			
	Suspense Accounts Requested		Y	VES NO dd/mm/yyyy		Comments			
	POS creation form released to ICT		Y				omments omments		
	Merchant agreement sent to legal		\/						
I	Povonuo ctama mail a		Y	EC NO	dd/mm/yyyy				
	Revenue stamp mail s	ent	Y	ES NO	dd/mm/yyyy	Comm	nents		
	Sweeping S/O or advice	ent	Y	ES NO ES NO	dd/mm/yyyy dd/mm/yyyy	Comm	nents nents		
	Sweeping S/O or advice Company search filed	ent ce to BOS	Y Y Y	ES NO ES NO ES NO	dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy	Comm Comm	nents nents nents		
	Sweeping S/O or advice Company search filed Merchant agreement	ent ce to BOS filed	Y Y Y Y	ES NO	dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy	Comm Comm Comm	nents nents nents nents		
	Sweeping S/O or advice Company search filed	ent ce to BOS filed	Y Y Y Y		dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy	Comm Comm	nents nents nents nents nents		