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Branch _____ Date

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1. CLIENT DETAILS: Indicate in BLOCK letters

Salutation: Prof. Hon. Dr. Mr. Mrs. Ms. Miss.

First Name: _____ Middle Name: _____

Surname :

ID/Passport Number: _____ Date Of Birth: _____

Mobile Number: _____

Email Address *(Indicate in Upper Case)*: _____

Postal Address: _____ Postal Code: _____ Town: _____

2. BANK ACCOUNT NUMBER(S): *(Indicate the accounts to be availed in the Co-opNet Service)*

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3. DECLARATION & ACCEPTANCE BY USER

I accept the Terms and Conditions governing the service for which I have applied for to form an integral part of my contractual relationship with the bank. The terms are available and can be accessed at the bank's website www.co-opbank.co.ke I agree that this section also serves as an indemnity to use internet banking in its entirety. In the event I require any clarification on any of these clauses or I wish to raise any issue with regard to the effect of any of these Terms and Conditions, I am to raise such issue or seek clarification directly with the bank via the following email addresses customerservicegroup@co-opbank.co.ke or internetbanking@co-opbank.co.ke

By signing this form, I have read, understood, accepted and sought legal advice where necessary and I am bound by the same terms without reservations in entirety on this _____ day of _____ year 20_____

Name _____ Signature: _____

4. FOR BANK USE ONLY

PF NO:

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BRANCH VERIFICATION:

Received and Verified By: Name: _____ Signature & Stamp _____

Checked and Authorised By: Name _____ Signature & Number _____