

CO-OP CONNECT ONBOARDING FORM

Which branch are you applying from?		Date DD/MM/YYYY
SECTION 1: GENERAL INFORMATION - Capture in blo	ck letters.	
Your Business Name:	Your Legal Name:	
Account Name	Account Number	Branch Name
Primary Contact	Technical Contact	
Name: Phone Number: Email:	Name: Phone Number: Email:	
SECTION 2: REQUIRED SERVICES		
Co-op to co-op account transfer Pesalink to other bank transfer Pesalink to phone transfer Bank to M-Pesa transfer M-Pesa STK Push	Transactions status inquiry Instant notification service Account balance inquiry Exchange rate inquiry	Account transaction inquiry Full account statement Mini statement Account validation
SECTION 3: INTEGRATION REQUIREMENTS		
Public Test IP: User Name, Password and any other details to be shared separately	Port: NB: Port 80 is not allowed	
Test Call Back URL:		
Public Production IP: User Name, Password and any other details to be shared separately	Port:	is not allowed
Production Call Back URL:		
SECTION 4: TRANSACTION LIMIT Daily Limit Amount in figures: Amount	nt in words:	
Per Transaction Limit		
Amount in figures: Amour	nt in words:	
SECTION 5: DECLARATION AND ACCEPTANCE		
I/WE accept the terms and conditions governing the service, with the Bank. The terms are available and can be accessed a serves as a resolution and indemnity to use open banking plant or you wish to raise any issue with regard to the effect of any clarification directly with the Bank via the following email accurate understood that my/our personal information provided in the	at the Bank's website www.co-opban atform in its entirety. In the event you of these terms and conditions, you ar ddresses openbankingcustomersupp	k.co.ke. I/we agree that the signature page also require any clarification on any of these clauses e invited to raise such issue or seek such ort@co-opbank.co.ke. I/We confirm having

Protection Act, 2019, and where applicable the General Data Protection Regulation (EU) 2016/679 or all other applicable laws as may be

by the same terms without reservation in its entirety on this ______ day of _____ year _____ year _____

amended from time to time. By signing this form, I, WE have read, understood, accepted and sought legal advice where necessary and are bound



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Proprietors/A	uthorised sig	ynatories				
Name:		Designation:	Signature:			
Name:		Designation:	Signature:	Afix Company Seal Here		
Name:		Designation:	Signature:			
Name:		Designation:	Signature:			
		L BANK USE ONLY				
Documents pr OK	oviaea by th N/A	KYC document type				
		For subsidiaries, particulars of the parent con	npany			
		Letter of introduction for third party developers (<i>If the company will use external developers</i>)				
		Company Board Resolution				
		SACCO/Welfare minutes authorizing Co-op Connect				
Documents co	onfirmed on I	EDMS				
OK	N/A	KYC document type				
		Company Registration Certificate				
		Company KRA PIN				
		SACCO/Welfare Bylaws				
		CR12				
		Memorandum & Articles of Association				
		Directors ID/Passports				
		Directors KRA PINS				
Received and	Verified By					
Name			Signature & Stamp			
Checked and A	Authorised B	y				
		y	Signature & Stamp			

About Co-op Connect

We believe in continuous innovation to open up the banking space using the latest and thoroughly tested technologies. Our open APIs will simplyfy your account management and payment engagements and allow you focus on your core business

We offer simple and secure APIs that allow you to quickly integrate and manage payments in your web or mobile application(s). We believe in the creation of technologies that support innovation and in the creation of systems that will positively impact the lives of the people in our society.