


**CO-OPERATIVE BANK**  
 We are you

**ACCOUNT CLOSURE FORM**

Branch: \_\_\_\_\_

Date: dd/mm/yyyy

**APPLICANT'S DETAILS:**

Mr./Ms./Miss./Dr./Hon./Prof./Other (Specify)

Account Name:

Account Number:

Mobile Number:

Email Address:

Reason(s) for Closure

**CUSTOMER DECLARATION**

I/We understand that upon receiving a notification from the Bank regarding the closure of my/our account, I/We am/are required to inform the Bank within thirty (30) days of receiving the said notice about the preferred account where any residual balances should be credited.

In the event that my/our account is closed (either by myself/ourselves or the Bank) and there exists a residual balance of Ksh200 or less, I/We understand and acknowledge that the costs of transferring such residual balances to another account may exceed the amount of the residual balance. Consequently, should I/We fail to notify the Bank within the stipulated thirty(30) days about where to credit the residual balance, or should the cost of transferring the residual balance of Ksh200 or less exceed the residual amount itself, I/We hereby consent to forfeit such residual balance to the Bank.

I/We acknowledge that this forfeiture will serve as a full and final settlement regarding any claims I/We may have on such residual balances. My/our continuation with the account closure process shall constitute my/our agreement to these terms. I/We affirm that I/We have read, understood, and agree to be bound by the above terms concerning the forfeiture of residual balances of Ksh200 or less upon the closure of my/our account with the Bank.

By signing this form, I/We have read, understood, accepted, and sought legal advice where necessary, and I/We am/are bound by the same terms without reservations in whatsoever.

Signed on this day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Name: \_\_\_\_\_ ID/PASSPORT No: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ ID/PASSPORT No: \_\_\_\_\_ Signature: \_\_\_\_\_

 Name: SAVIO MUKULI ID/PASSPORT No: 26723801 Signature: 

**FOR OFFICIAL USE ONLY: CHECKLIST WHEN CLOSING AN ACCOUNT (TICK APPROPRIATELY)**

Customer Signature Confirmed	YES	NO	M-collection Delinking and Closure Done	YES	NO
Customer Photo Confirmed	YES	NO	Standing Order Deleted	YES	NO
Customer ID No. Confirmed	YES	NO	Direct Debit Deleted	YES	NO
Mco-opcash Delinked and Closed	YES	NO	Is the Customer utilizing OMNI Channel (CBX)?	YES	NO
Does the Customer have an E-loan?	YES	NO	Has the OMNI Channel (CBX) deactivation request been Initiated?	YES	NO
Is the E-loan Cleared?	YES	NO	Is the customer receiving Co-op Bank dividends through this account? If yes, fill the next part	YES	NO
Lipa na M-pesa Till Disabled	YES	NO	Has the customer completed Shareholder Details Update Form or CDS1 Form, or advised to update details with their respective broker?	YES	NO



<b>KYC Verification and A/c Closure Done By:</b> Name:  Signature & Stamp:	<b>Authorization Done By:</b> Name:  Signature & Stamp
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**NOTE:**

1. *Lipa Na M-pesa Till confirmation check on the report that is provided by Digital Liabilities Team.*
2. *M-collection search from Mco-opcash Admin Module with the Account Name or Institution Code.*
3. *Standing Orders and Direct Debit Instructions sent to COU for deletion.*
4. *OMNI Channel (CBX) Status, Confirm from the OMNI CBX Customer Status Report.*
5. *Shareholder Details Update Form sent to Shares Operations for update.*
6. *CDS1 Form sent to KSL/Custodial Services for update.*
7. *Credit Card Account Closure Form send to Card Payments Department.*