



BRANCH/DEPARTMENT _____

DATE

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PART A: SHAREHOLDER DETAILS

- Shareholder's Name(s) _____
- Id Card No/Passport No/ Registration No _____
- Shares Account No.: _____
- Address: P.O. Box _____ Postal Code: _____
Town: _____ County: _____
- Contact: - Mobile: _____ Telephone: _____
- E-Mail: (Use upper case) _____

PART B: SHAREHOLDING INFORMATION

I hold shares in the following companies

- 1: _____ 3: _____
- 2: _____ 4: _____

PART C: MOBILE MONEY TRANSFER

Transfer my dividends to the below: (Tick appropriately)

MPESA option Registered Mobile No

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Mco-opcash Option Registered Mobile No

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PART D: ELECTRONIC FUNDS TRANSFER

Name of Bank: _____

Name of Branch: _____ Branch Code: _____

Bank Account No: _____

PART E: SHAREHOLDER(S) SIGNATURE(S)

For corporates and Sacco's

AUTHORIZED SIGNATORIES

Signature

1 Name: _____

Designation: _____

A large, empty rounded rectangular box intended for a signature.

2 Name: _____

Designation: _____

A large, empty rounded rectangular box intended for a signature.

3 Name: _____

Designation: _____

A large, empty rounded rectangular box intended for a signature.

NOTE:

1. Attach certified copy of ID
2. Where Change is for a Sacco and the account held is not within Co-op Bank a letter from the County Cooperatives Commissioner or District Cooperatives Officer will be required to confirm signatories.

PART F: FOR OFFICIAL USE (To be done at Shares Operations Department)

KYC verification and Updating done by:

Name: _____ Signature & Stamp _____ Date: _____

Authorization done by:

Name: _____ Signature & Stamp _____ Date: _____