


CO-OPERATIVE BANK

We are you

**TREASURY BILLS/BOND
APPLICATION FORM**

Branch: _____

 Date:

D	D	M	M	Y	Y	Y	Y
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PURCHASE INSTRUCTIONS

DEBIT MY/OUR ACCOUNT NUMBER:											

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

National ID/Passport No _____ Tel No. _____

Registration Certificate No _____ KRA PIN _____ Country _____

Postal Address: _____ Postal Code: _____ Town: _____

 On my behalf, please tender for: **a) T-BILL** ☐ Tenure: 91 day []

182 day []

364 day []

b) T-BOND ☐ ISSUE No _____

Amount (In figures) _____ (In words) _____

Upon successful tender, debit my account with amount of purchase plus the Bank's charges.

DISPOSAL INSTRUCTIONS – MANDATORY. (Please tick the relevant instruction)

1. ☐ Upon maturity please credit my account with the maturity value
2. ☐ Upon maturity please rollover the bill continuously until otherwise advised
3. ☐ Upon maturity please rollover the bill for [1], [2], [3] times only (Tick one option)

SIGNED BY:

NAME _____	ID No _____	SIGNATURE _____
NAME _____	ID No _____	SIGNATURE _____
NAME _____	ID No _____	SIGNATURE _____

(Branch signature verification stamp)

FOR OFFICIAL USE
BRANCH

CONFIRMED BY (Name) _____ SIGNATURE & SIGN No _____ DATE _____

(Authorized signatory and per-pro stamp)

NB: Forward to FTS via BPMS