



LAINISHA SACCO SOCIETY LIMITED

P.O BOX272-10303WANG'URU, TEL: 0705492352

PERSONAL /JOINT ACCOUNT OPENING FORM (CLASS B&C)

1.1 THE ACCOUNT

I/we wish to open an account at Lainisha Sacco society ltd and undertake to comply, observe and be bound by the general terms and conditions and tariffs made by the Sacco in force and as amended from time to time pertaining to such account.

TYPE OF ACCOUNT

Ordinary savings Business Joint Bodaboda
 Bakisha Junior digital others

1.2 PERSONAL ACCOUNT HOLDER

FIRST APPLICANT

Full NamesID/NONationality
 Date of BirthDistrict.....Division.....location.....
 VillagePostal Address.....Code.....Mobile No.....
 Occupation.....Employer.....Date

1.3 BUSINESS DETAILS

Name of Business..... Type i.e. school, mama mboga etc.....
 Business location License no.....
 Business postal Address Email Address.....
 Mobile no PIN.NO. (if any).....

1.4NOMINEEE/NEXT OF KIN INFORMATION

NAME	RELATIONSHIP	ID	MOBILE NO.	%

1.5 REFEREE/INTRODUCER Full Names ID/NO
P.O Box..... ACCOUNT
 NUMBER.....Tel.....

1.6 JOINT ACCOUNT HOLDERS (WHERE APPLICABLE)

SECOND APPLICANT

Full Names ID/NoNationality.....
 Date of Birth..... District Division.....Location.....
 Village.....postal Address.....Mobile No.....
 Occupation.....Employer.....Date.....

THIRD APPLICANT

Full Names ID/NoNationality.....
 Date of BirthDistrict.....Division.....Location.....
 village..... Postal Address.....Mobile NO.....
 Occupation.....Employer.....Date.....

Do you have other Account(s) with Lainisha Sacco or any other Financial Institution?

Yes No if yes, please give details

Account Number	Bank	Branch

2.0 SIGNATURE AUTHORITY/ACCOUNT MANDATE

SINGLY Either to sign All of us jointly

Any two to sign other signing instruction's.....

WHY did you choose Lainisha Sacco.....

3.0 SMS BANKING SERVICE

Sms Alerts: Mobile No..... Account No.....

Mobile Registered in the name of.....

4.0 DECLARATION

I/we confirm that the information provided herein and the disclosures made are true.

Full Names of Authorized Signatories	Nation ID Number	Specimen Signature
1 st Applicant		
2 nd Applicant		
3 rd Applicant		

5.0 FOR OFFICIAL USE ONLY

ACCOUNT NO.

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Account opened by..... Signature.....Date.....

Details input bySignature Date.....

6.0 ACCOUNT OPENING CHECKLIST

- Original ID's sighted
- ID copies obtained
- Specimen signature obtained
- Application details completed
- Sms banking data keyed in
- Photo taken
- Terms and conditions signed

I have checked and confirmed that the above details have been completed in accordance with KYC procedures and that relevant documents are attached. Name
Signature Date.....

TERMS AND CONDITIONS

1. For the purpose of these terms and conditions 'Sacco' shall refer to Lainisha Sacco.
2. Any person(s) opening an account with the Sacco will be deemed to have read and understood these terms and conditions.
3. No account shall be opened by the Sacco unless the account opening form is fully complete and the supporting documents attached
4. Upon submission of duly completed account opening forms,the Sacco will generate an account number for the customer in accordance within the Sacco's policies and procedures on Account Opening
5. The Sacco has a statutory responsibility to apply any applicable tax on all charges on customer accounts.
6. Upon the Sacco receiving notice of the demise of an individual customer,the Sacco will not be obliged to allow any operation or withdrawal from the account by any person except on production of death certificate and a court order from a court of competent jurisdiction or any other document recognized by law for succession purposes
7. In case of ajoint account and one of the account holders dies then the money in the account and any other benefit or obligation will revert to the surviving joint holder(s).
8. The Sacco may from time to time revise,amend or supplement any of these terms and conditions whether whole or in writing including without limitation the charges levied to its services.

I/we hereby agree with the terms and conditions above which i/we have read and understood.

Name of customer	ID NUMBER	Signature	Date