

LAINISHA SACCO SOCIETY LIMITED.

P.O. BOX 272-10303
WANG'URU
TEL: 0705-492352

Email: info@lainishasacco.co.ke
Website: www.lainishasacco.co.ke



PERSONAL ACCOUNT OPENING FORM (CLASS B&C)

1.1 THE ACCOUNT

I 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 Bodaboda Bakisha Junior Digital

1.2 PERSONAL INFORMATION

Full NamesID/NONationality

Date of BirthResidence.....Postal Address.....Code.....

Mobile no.....Date of Application.....

Gender: Male Female

Marital Status: Single Married Divorced Widowed

1.3 EMPLOYER/ BUSINESS DETAILS

Employment Type: Permanent Contract Casual Self-employed

If self-employed, state: nature of business.....Business location..... If

employed, state: Name of employer.....Designation.....

If farming: state type of farming.....

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account (amount in Kshs)

0-500,000 500,001-1000,000 Above 1000,000

1.4 NOMINEE/NEXT OF KIN INFORMATION

NAME	RELATIONSHIP	ID	MOBILE NO.	%

1.5 REFEREE/INTRODUCER

Full Names ID/No.....P.O Box.....

Account Number.....Tel.....

2.0 SMS BANKING SERVICE

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

Mobile Registered in the name of.....

3.0 DECLARATION

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

Full Names of Applicant	Nation ID Number	Specimen Signature

4.0 FOR OFFICIAL USE ONLY

ACCOUNT NO.

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

Details input bySignature Date.....

5.0 ACCOUNT OPENING CHECKLIST

- Original ID's sighted
- ID copy obtained
- Specimen signature obtained
- Application details completed
- Sms banking data keyed in
- Photo taken
- Terms and conditions signed.
- No other existing Lainisha Account

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

Name of customer	ID NUMBER	Signature	Date