

LAINISHA SACCO SOCIETY LIMITED.

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

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



JOINT/INSITUTIONS ACCOUNT OPENING FORM

1.1 THE ACCOUNT

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

1.2 NAME OF INSTITUTION/JOINT ACCOUNT

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1.3 PERSONAL/SIGNATORIES INFORMATION

FIRST APPLICANT

Full NamesID/NONationality

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

Mobile number.....Gender : Male Female

Marital status: Single Married Divorced Widowed

Occupation details.....Employer.....Desination.....

If business: state nature of business.....Business location.....

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

SECOND APPLICANT

Full NamesID/NONationality

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

Mobile number.....Gender : Male Female

Marital status: Single Married Divorced Widowed

Occupation details.....Employer.....Designation.....

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

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

THIRD APPLICANT

Full NamesID/NONationality

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

Mobile number.....Gender : Male Female

Marital status: Single Married Divorced Widowed

Occupation details.....Employer.....Designation.....

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

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

FOURTH APPLICANT

Full NamesID/NONationality

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

Mobile number.....Gender : Male Female

Marital status: Single Married Divorced Widowed

Occupation details.....Employer.....Designation.....

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

farming: state type of farming.....

1.4 NOMINEE/NEXT OF KIN INFORMATION

NAME	RELATIONSHIP	ID	MOBILE NO.	%

1.5 ACCOUNT ACTIVITY

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

0-500,000 501,000-1,000,000 Above 1000,000

1.6 REFEREE/INTRODUCER

Full Names ID/NoP.O Box.....

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

2.0 SIGNATURE AUTHORITY/ACCOUNT MANDATE

All of us jointly Any three to sign Any two to sign

Other signing instruction.....

3.0 SMS BANKING SERVICE

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

Mobile Registered in the name of.....

4.0 DECLARATION

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

5.0 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 IDs sighted
- ID copies obtained
- Specimen signatures 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.....

7.0 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.

We hereby agree with the terms and conditions above which we have read and understood.

Name of customer	ID NUMBER	Signature	Date

