

WAUMINI HOUSING COOPERATIVE SOCIETY LTD

Applewood Adams, second floor Ngong Road, Opposite Total Petrol Station Adams Arcade - Nairobi.

P. O. Box 66761 -00800
Westlands,
Nairobi, Kenya



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Legal capacity and enquiry

- The Society shall be entitled to make enquiries it deems necessary in the relation to the opening of an account and the customer hereby authorize the Society to make any such enquiries.
- The customer shall provide the Society with all such information and documents as the Society may require in terms of establishing the identity of the customers or the Authorised signatories and their legal capacity to open and operate the account or as may be required pursuant to any anti-money laundering rules and regulations by the central bank Kenya or any other regulatory body whether in Kenya or elsewhere.

Authorised Signatures

- The Institution shall, at the time of opening the account and all times thereafter, give to the SOCIETY in an acceptable form, the specimen signatures of persons authorized to operate the customer's account (the "authorized signatory" or Authorized signatories) together with the names, addresses and such other information as the SOCIETY may require pertaining the authorized signatories.
- All such authorized signatories unless otherwise agreed, are entitled to withdraw all or any of the customers money, securities, deeds, documents or other properties held by the Society from time to time (provide that they do not form part of any security held by the Society), to open any further account in the name of the customer and or to overdraw any of the customers accounts.

Attach the following documents

- ☐ Audited financial statements of previous period.
- ☐ A trustee deed/Constitution/ copy of articles of association or equivalent
- ☐ Board resolution to open the account.
- ☐ Copies of National identification cards of authorized signatories (original to be seen and returned)
- ☐ Passport size photos of authorized signatories
- ☐ A certified copy of registration certificate (original to be seen and returned)
- ☐ Institution/Group profile
- ☐ Certified Bank statements for six months.

CORPORATE/GROUP MEMBERSHIP APPLICATION FORM

INSTITUTION DETAILS

Name of Entity

Type of Organization:

Other (Specify)

Date Registered:

Registration number: KRA PIN No:

PHYSICAL ADDRESS

Registered Office:

Postal Address: Postal Code: Town:

Office Telephone: Email:

Contact person: Bishop/Rev/Fr./Sr./Bro/Mr./Mrs/Other (Specify)

Type of Business:

Purpose of Account opening:

Source of Funds to the account (You may tick more than one box)

Other (Please specify)

Approximate Monthly deposit Ksh

Any other complimentary source of funds

NAMES OF TRUSTEES/ DIRECTORS/ PRINCIPAL OFFICERS/ OFFICIALS

| | Name | Mobile number | Occupation | Position held |
|---|------|---------------|------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Attach a separate sheet if the number of officers exceeds the space provided)

AUTHORISED SIGNATORIES

Name

ID Number

Designation

Specimen Signature

Name

ID Number

Designation

Specimen Signature

Name

ID Number

Designation

Specimen Signature

Name

ID Number

Designation

Specimen Signature

Signing Instructions

SHARE CAPITAL

| | | |
|---|------------------|--|
| 1 | Share capital | |
| 2 | Registration fee | |

DECLARATION

We declare that we shall abide by the rules and regulations that govern Waumini Housing cooperative Society as laid down in the Cooperative Societies Act, and Waumini Housing Cooperative Society By- Laws.

Indemnity: We further understand that in case of opening an account with Waumini Housing Cooperative Society, it shall be solely operated at the discretion of the Society and hereby indemnity the Society against any loss or claim arising out of the account being closed by the Society without notice due to unsatisfactory performance.

The declaration given in this form by us is true and we shall held responsible for the same at all times.

| NAME | ID NUMBER | SIGNATURE | DATE |
|------|-----------|-----------|------|
| | | | |
| | | | |
| | | | |
| | | | |

(To be signed by signatories)

TO BE COMPLETED BY WAUMINI HOUSING ONLY

This application has been approved under corporate membership category:

Details checked by

Signature

Date

Name:

Membership Number

Fosa account number

A/c Opened by

Signature

Date

Name:

Checked by

Signature

Date

Name:

Authorised by

Signature

Date

Name:

GENERAL TERMS AND CONDITIONS GOVERNING WAUMINI HOUSING- CUSTOMER
RELATIONSHIP

The relationship between the Society and the customer (member) shall be governed by the following terms and conditions including any amendments made from time to time thereto and notified to the customers ("the general terms and conditions"), subjects to any further agreement in writing.