

LAW SOCIETY OF KENYA SACCO SOCIETY LTD

(REGULATED N-WDT)

Crawford Business Park,
3rd Flr, Office Suite 23,
State House Rd,
Opp. State House Girls,
Nairobi.



info@lsksacco.co.ke | www.lsksacco.co.ke

P.O.Box 6740-00100,
Nairobi.
Tel : 020 -514 6300
Cell 0728 788 092

MEMBERSHIP APPLICATION FORM

Fill, print, sign and scan then send together with copies of required documents to info@lsksacco.co.ke.
After you submit your application on email send the original to the Sacco by courier or drop at our office at Crawford Business Park ,3rd floor suite 23.

APPLICANTS DETAILS:

Surname..... Other Names

Date of Birth Occupation I.D.NO.....

Gender..... Marital Status KRA Pin No.

MEMBERSHIP CATEGORY

(Tick where applicable)	Name of the Firm / Organisation	P105 NO (Attach copy of Practicing Certificate)
<input type="checkbox"/> Advocate/lawyer		
<input type="checkbox"/> Advocate's spouse/child	<u>Name of spouse</u>	
<input type="checkbox"/> Law firm's or advocate's employee		
<input type="checkbox"/> Employee in justice sector institution		

DOCUMENTS REQUIRED

A. Advocates

1. Copy of National Identification Card
2. Copy of KRA PIN certificate
3. Copy of LSK current practicing certificate
4. Passport size photograph
5. Dully filled application form

B. Non-Advocates

1. Copy of National Identification Card
2. Copy of KRA PIN certificate
3. Evidence of employment/evidence of affiliation to a recognized body
4. Passport size photograph
5. Dully filled application form.

CONTACT DETAILS

Work Place

Name of Organisation.....Position.....

Building.....Floor.....Street..... Room No.....

Email.....Mobile No.....Landline.....

Postal Address.....Code.....Town.....

Residential/Personal

Residence Estate..... Road..... House No.....

Postal Address.....Code.....Town.....

Email..... Mobile No.....Landline.....

Next of kin Relationship(s)ID No.....

Mobile No.....Email.....

Signature..... Date.....

CRB CONSENT

I confirm that I have authorized LSK SACCO Ltd to access my credit profile and that this profile can be delivered to their e-mail/postal address indicated herein and hereby authorize CRB Ltd to mail/deliver/send my credit report to the e-mail/postal address indicated herein. I release CRB Ltd and LSK Sacco Ltd and its Officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with CRB Ltd sending/delivering/ mailing my credit report to the addresses that I have provided.

Name..... ID.....

Signature..... Date.....

I fully understand and accept that:

1. ALL CASH payments are to be deposited/remitted by me (the applicant) directly to the Law **Society of Kenya Sacco Limited's Savings A/c No: 01100001711200, Cooperative Bank, Kimathi Street, Nairobi.** No cash should be entrusted to any of the Sacco agents or representatives and that the Sacco shall not be held responsible for any loss/inconvenience that may result from that breach.
2. The Sacco office or her agents/representatives will only accept cheques or banking slips and which will have the member's full names, member no. and the purpose(s) of the payment.
3. I shall be required to immediately activate my self-care portal account at <https://www.webportal.lksacco.co.ke> securely maintain and use it regularly to access my Sacco records.

DECLARATION

I confirm that; The information I have provided herein and the disclosures made are true; and I have received, read and understood the **General Terms and Conditions** of the Sacco and undertake to comply, observe and be bound by the same.

Full Names..... I.D No.....

Specimen Signature:

Passport Photo:

MEMBERSHIP TERMS AND GENERAL CONDITIONS

- Entrance Fee is **Kshs. 3,000/=** Being **Kshs. 1,000** membership fee and **Kshs. 2,000** to activate account. To pay via MPesa; **Use Pay bill No. 4119695, Account No. your national ID number**
- Minimum Monthly contributions **Kshs 2,000** for advocates and **Kshs. 1,000** for non-advocates.
- A member is required to contribute for **Six Months** to be eligible to the lending facilities.
- A member is also required to contribute towards the benevolent fund monthly
- Loan applicant entitled to **three (3)** times of their total savings up to a maximum lending limit of Kshs **35,000,000.00** currently and a one (1) month grace period before starting loan repayments.
- The rate of interest on loans is **1%** per month on a **reducing balance**.

WITHDRAWAL

Withdrawal can only be made when a member is ceasing membership with LSK Sacco. A 60 days' notice is required and a member is refunded all her dues and any accrued interest.

PAYMENT OPTIONS:

- (a) **Direct deposit-** Money is deposited directly into our account at any co-operative bank branch and the slip forwarded to the office for receipting
- (b) **M-pesa-** Money is sent from your M-pesa account to your membership account. You need to quote your member number when sending.
- (c) **Direct Debit-** a form is filled where we will be collecting a standard regular amount from your account every month on a specified date.
- (d) **Cheque-** a cheque is drawn and sent to our offices for receipting
- (e) **Standing order-** a member places a standing order with their bank to be remitting a certain amount of money every month.
- (f) **Check Off-** An arrangement is made with the employer to regularly remit a deduction from your payroll to the Sacco.

LOAN SECURITY OPTIONS:

- (a) Guarantors:
 - Should be members of the Society.
 - The loan applicants' deposits plus guarantor(s) deposits should equate to the amount of Loan applied for the Loan to be sufficiently secured.
- (b) Chattels Mortgage:
 - Below 2,000Cc - 70% of the forced value or as determined by the Credit Committee
 - Above 2,000Cc – 50% of the forced value or as determined by the Credit Committee
- (c) Land: 70% of the forced value or as determined by the Credit Committee
- (d) Asset finance: This is where a member identifies a property he intends to acquire and the Sacco finances with the property acting as the security. In this case one does not need guarantors.

FOR OFFICIAL USE ONLY

Data captured by..... Signature.....Date.....
 Entrance fee paid on.....Rcpt No.....Reg. Date.....
 Checked byCRO Assigned.....Date.....
 Members File Opened by..... Signature.....Date.....

Application has been approved under the following membership category:

Member No. Allocated: **LS-.....**

Membership Approved by.....Signature.....Date.....

RECRUITED BY.....SIGN.....M.NO.....

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Instructions to the applicant: Complete parts A-C of this application form, put it in clean envelope, label it with your SACCO membership No. or Name, seal the envelope & submit.

Part A. Member's Particulars

Name: _____ Date of birth _____
Membership No: _____ ID.NO. _____
Date of joining the Society: _____
Postal Address: _____
Current Residential address: _____
Telephone: _____ Email: _____
Occupation: _____ Current Employer _____
Any other information _____

Part B: Next of Kin Details

Next of Kin Name: _____
ID. No.: _____ Relationship _____
Postal Address: _____
Telephone: _____ Email: _____

Part C: Beneficiary Details

	Beneficiary name	ID NO. (For minors birth certificate No.)	Relationship	Allocation in % (percentages)
1				
2				
3				
4				
			Total	100%

Signature

Dated this.....day of20.....

Witness's Name

I.D. No.....Address..... Tel

SignatureDate.....

Witness's Name.....

I.D. No.....Address..... Tel

Signature.....Date.....

Management Board:

Justus M. Munyithya (Chairman), Caleb P. Nadebu (V.Chairman), Lawrence M. Mugambi (Treasurer), Kellen G. Njue (Secretary),
Gladys W. Kinyanjui, Boniface K. Mutwiri, Samuel M. Mwaniki, Jackson O. Awele, Gad K. Gathu.

Supervisory Board:

Collins Wanderi (Chair), Joseph Makumi (Secretary), Salome Muhia (Member)

"Akiba Yako, Jukumu Letu"