



FOR FUND'S OFFICIAL USE

LAPF NO:	
ENTRY DATE:	
INITIALS:	

P O BOX 79592~00200, NAIROBI
ADMISSION FORM

A. (TO BE FILLED BY EMPLOYEE)

Sponsor/Employer: _____

1. Name of Contributor: _____

2. Gender: _____ Date of Birth _____

3. Permanent Postal Address: _____ Mobile No. _____

4. Email address: _____

5. Identity Card Number* _____

6. Date Of Commencement Of Contributions: _____

7. Nature Of Contributions (tick): NORMAL VOLUNTARY:

8. If previously Contributing to LAPFUND, state the name of the previous Sponsor/Employer; Period and
LAPFUND number: _____

9. 1) (a) Full names of nominated beneficiary _____

(b) National Identity Card No.*: _____ Relationship: _____

(c) Postal Address: _____

(See overleaf if more than one beneficiary)

DECLARATION

I understand that by signing this form I have appointed LAPFUND as my agent for investment under the Investment agency arrangement (Wakalatul Istithmar) as described by terms and conditions overleaf. By this appointment LAPFUND shall ensure that funds are invested in Shari'ah-compliant investments at all times as guided by the Shari'ah Supervisory Board of LAPFUND.

SIGNATURE OF APPLICANT: _____

Date: _____

B. (TO BE FILLED BY SPONSOR/EMPLOYER)

I certify that the above particulars are correct.

OFFICIAL STAMP

Signature: _____

Name: _____

Designation: _____ Date: _____

Item No. 9 continued

- 2) (a) Full names of nominated beneficiary: _____
-
(b) National Identity Card No.*: _____ Relationship: _____
(c) Postal Address: _____
- 3) (a) Full names of nominated beneficiary: _____
(b) National Identity Card No.*: _____ Relationship: _____
(c) Postal Address: _____
- 4) (a) Full names of nominated beneficiary: _____
(b) National Identity Card No.*: _____ Relationship: _____
(c) Postal Address: _____
- 5) (a) Full names of nominated beneficiary: _____
(b) National Identity Card No.*: _____ Relationship: _____
(c) Postal Address: _____
- 6) (a) Full names of nominated beneficiary: _____
(b) National Identity Card No.*: _____ Relationship: _____
(c) Postal Address: _____

SIGNATURE OF APPLICANT: _____ Date: _____

N/B: The nominated beneficiary means heir (s) according to the Shari'ah.

NOTE: **Every application must be accompanied with:-*

- a. The Contributor's passport size photo*
- b. A copy of the Contributor's Identity Card - (both sides)*
- c. A copy of the Identity Card of the nominated beneficiary(s) where applicable- (both sides)*

INVESTMENT AGENCY TERMS AND CONDITIONS

1. DEFINITIONS AND INTERPRETATION

1.1 In these terms and conditions, the following words will have the meaning as defined herein except where the context indicates otherwise:

1.1.1	“Terms and Conditions”	means the Agency Agreement concluded between LAFUND and the Applicant
1.1.2	“Agent”	LAFUND
1.1.3	“Principal”	Applicant / LAFUND member
1.1.4	“Shari’ah”	Shari’ah. ("Way" or "Path") is the sacred law of Islam.
1.1.5	“Shari’ah Supervisory Board”	Body of Shari’ah scholars contracted by LAFUND to guide on matters of Shari’ah compliance.
1.1.6	“LAFUND AMAL”	Shari’ah compliant window of LAFUND

2. AGENCY

2.1 With reference to the **LAFUND Amal** application form dated _____, I hereby confirm my agreement to appoint LAFUND as my Agent to manage my retirement benefits in a Shari’ah compliant manner as guided by Shari’ah Supervisory Board of LAFUND.

2.2 LAFUND (the Agent) shall ensure that the investments made adhere to Shari’ah principles as guided by the Shari’ah Supervisory Board of LAFUND.

2.3 The Principal (LAFUND member) is at liberty to seek the guidance of LAFUND’s Shari’ah Supervisory Board in relation to compliance with Shari’ah principles.

2.4 The Principal agrees that the Agent’s commission shall be **1.5 %** per annum of the fund size. This commission represents the Agent’s entire compensation for services performed.

2.5 The Agent shall ensure that the operations of the fund are in accordance with Shari’ah principles at all times as guided by the Shari’ah Supervisory Board of LAFUND.

2.6 The Agent shall not enter into a short sale transaction in any security, whether listed or unlisted.

SIGNATURE OF APPLICANT: _____ Date: _____

FOR AND ON BEHALF OF LAFUND: _____ Date: _____