

FOR FUND'S OFFICIAL USE

**P O BOX 79592-00200, NAIROBI  
ADMISSION FORM  
GRATUITY CONVERSION**

LAPF NO:	
ENTRY DATE:	
INITIALS:	

**A. (TO BE FILLED BY EMPLOYEE)**

Employer: \_\_\_\_\_

1. Name of Contributor: \_\_\_\_\_

2. Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Permanent Postal Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Identity Card Number\* \_\_\_\_\_

6. Date Of Commencement Of Contributions: \_\_\_\_\_

7. 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 Shariah-compliant investments at all times as guided by the Shariah Supervisory Board of LAPFUND.

8. Consent: I approve the conversion of my service gratuity benefits into a Shariah Compliant Provident Fund

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**B. (TO BE FILLED BY EMPLOYER)**

**I certify that the above particulars are correct.**

**OFFICIAL STAMP**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Item No. 7 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 sharia.**

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

- The Contributor's passport size photo
- A copy of the Identity Card and next of Kin where available- ( 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	<b>“Terms and Conditions”</b>	means the Agency Agreement concluded between LAFUND and the Applicant
1.1.2	<b>“Agent”</b>	LAFUND
1.1.3	<b>“Principal”</b>	Applicant / LAFUND member
1.1.4	<b>“Shariah”</b>	Shariah. ("Way" or "Path") is the sacred law of Islam.
1.1.5	<b>“Shariah Supervisory Board”</b>	Body of Shariah scholars contracted by LAFUND to guide on matters of Shariah compliance.
1.1.6	<b>“LAFUND AMAL”</b>	Shariah 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 Shariah compliant manner as guided by Shariah Supervisory Board of LAFUND.

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

2.3 The Principal (LAFUND member) is at liberty to seek the guidance of LAFUND’s Shariah Supervisory Board in relation to compliance with Shariah 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 Shariah principles at all times as guided by the Shariah 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: \_\_\_\_\_