## TRANS NATION SACCO LIMITED

## SOURCE OF FUNDS DECLARATION FORM – OTHER TRANSACTIONS

TRANSACTING BRANCH:		DATE:
		I.d No:
•	· · · · · · · · · · · · · · · · · · ·	words)
TRANSACTION TYPE (select)		
1. DEPOSIT- cash/cheque	2. WITHDRAWAL-cash/cheque	3. TRANSFER - EFT/RTGS/INHOUSE FT
CUSTOMER'S DECLARATION:		
<b>A</b> )		
•		
2) Purpose of funds is		
3) Where will the money be taken (i	n case of cash withdrawal)	
4) Name (s) of beneficiary (s) for cas	h withdrawals/transfers:	
i)		I.D. NO:
ii)		I.D. NO:
5) Physical location of beneficiary		
6) Beneficiary (s)' Bank & Country		
Nature of work/business involved;- (give a	h brief description of how the funds were	e obtained):
Ι	of II	D/Passport No
hereby declare that all the information contained in this form is complete and correct and I/we hereby agree to indemnify and hold		
harmless the SACCO from and against	all actions, suits, proceedings, claims	s, demands, costs, expenses, loss, liabilities and
outgoings whatsoever which may be taken or made or sought from or against the SACCO in consequence of any false or misleading		
statements or omissions I/We make herein. I am/We are aware of the applicable provisions for the prevention of money laundering		
and terrorism financing and confirm that the monies I am withdrawing/depositing do not represent the proceeds of any illegal		
activities as described in the proceeds of Ca	rime and anti-money Laundering Act.	
Customer's Name:	Signature	
N.B: Attach copies of ID/Passport, Job II. NOTE:	D, invoices, Sale Agreements and/or an	y other supporting documents produced.
In accordance with the proceeds of crime a about its customers for purposes of internal to any financial regulatory authority, supe	l control and reporting. The information rvisory body, fiscal or tax agency, or fi	2013 institutions are required to obtain information a collected by the institution can be made available raud investigations agency or the appropriate law d enforcement of the provisions of the Act and its
OFFICIAL USE ONLY:		