


UN SACCO
Your Financial Anchor

LARGE CASH TRANSACTION DECLARATION FORM

- Cash Withdrawal
 Cash Deposit
 Cheque Deposits
 Banker's Cheque
 Account to Account Transfer
 Other Remittance

A: TRANSACTING CUSTOMER DETAILS

Name: _____

ID/PP No.: _____ Mobile No.: _____

Physical Address; Street: _____ Town: _____ County: _____

B: TRANSACTION DETAILS

 Member No.: _____ Transaction Date:

D	D	M	M	Y	Y	Y	Y
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Amount: _____

Currency Type: KES USD

Account to Credit:

- Deposit
 FOSA
 Loan Repayment
 Share Capital Contribution
 Other: _____

The source of fund is: _____

Attach Supporting Documentation (Tick as appropriate)

- Invoice
 Contract
 Payslip
 Other: _____

FOR CASH WITHDRAWAL

Where will the money be taken right from the SACCO's premise? _____

I hereby declare that the reason why the large deposit / withdrawal cannot be done through electronic means is

Name of the persons who will receive the money from me (if withdrawal): _____

ID Number: _____ Physical location of the beneficiary: _____

Name of any other beneficiaries of the money: _____ ID Number: _____

Reason for Cash (not electronic): _____

D: DECLARATION

I confirm that the information presented in this form and any supporting document attached is true and accurate. I further confirm that the nature of my/our business activity normally and reasonably generate substantial amount of cash to support this transaction.

Customer Signature: _____

E: NOTICE:

IN ACCORDANCE WITH REGULATION 31 OF THE PROCEEDS OF CRIME AND ANTI-MONEY LAUNDERING REGULATIONS 2013, IT IS REQUIRED THAT INSTITUTIONS OBTAINING WRITTEN STATEMENTS CONFIRMING THAT THE NATURE OF A CUSTOMERS BUSINESS ACTIVITY NORMALLY AND REASONABLY GENERATES SUBSTANTIAL AMOUNTS OF CASH TO SUPPORT LARGE, FREQUENT AND UNUSUAL CASH TRANSACTIONS. THE SACCO RESERVES THE RIGHT TO DISCLOSE THIS INFORMATION TO BANK REGULATORS AND/ OR LAW ENFORCEMENT AUTHORITIES AS IT IS PROVIDED BY LAW.

FOR OFFICIAL USE ONLY

Staff Name: _____ **Signature:** _____ **Date:**

D	D	M	M	Y	Y	Y	Y
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Authorizer Name: _____ **Signature:** _____ **Date:**

D	D	M	M	Y	Y	Y	Y
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*All sections of this form MUST be completed before authorizing.

N/B: this form must be completed for all transactions over USD\$15,000 (Kes1.8 Million) or the equivalent in any currency. Supporting documentation will be required; E.g. Invoice / Contracts /Agreements etc.