



ARCHDIOCESE OF NAIROBI
SOCIAL PROMOTION REGISTERED TRUSTEE

Serial No: _____

NAME OF GROUP _____ SELF HELP GROUP

MEMBERSHIP APPLICATION FORM

Requirements:

1. Copy of national ID/passport
2. Copy of KRA PIN certificate
3. Copy of next of kin national ID/passport
4. Passport size photograph

I hereby apply for membership and agree to conform and abide by the self-help group's by-laws, regulations, guidelines and amendments thereof.

Applicant Information			
Name of Applicant (Mr/Mrs/Miss/Dr/Prof/Rev/Sr):			
National ID/passport No:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Marital status: Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widow <input type="checkbox"/>	Others <input type="checkbox"/>
Date of birth:	Phone No:		
Current address:			
Area of residence:	Town:	County:	
Nationality:			
Estate/village:			
Religion: Catholic	Non-Catholic		
SOURCE OF INCOME (where applicable)			
Current employer/business			
Employer/business address:		Period in current employment/business:	
Current average monthly income:			
Kshs. 0 - 50,000			
Kshs. 50,000 - 150,000			
Kshs. 150,000 - 250,000			
Above Kshs. 250,000			
Phone:	E-mail:		
City/Town:	County:		



NOMINATION OF BENEFICIARIES

Name of Group: Self-Help Group

Member's Name..... Member No.....

Date of Birth..... ID NO

Postal Address: Code: City:

Physical Address:

Email Address: Tel No.

BENEFICIARIES: (Attach copy of Marriage Certificate/Affidavit/Birth Certificate or any other proof of legal relationship)

DECLARATION

I nominate the person(s) named above to be my preferred beneficiary(s) to receive any lump sum benefits payable under the Self-Help Programme Guideline in the event of my medically declared insanity, permanent incapacitation or death.

I understand that the Self-Help Group has complete discretion over the payment of the lump sum benefits and although the Self-Help Group is prepared to consider my wishes, my nomination of a beneficiary is not binding on the Self-Help Group.

This nomination cancels and replaces any previous nominations signed by me. I declare that the details given above are correct to the best of my knowledge and belief.

NEXT OF KIN:

NAME: _____ RELATIONSHIP: _____

MOBILE PHONE NO: _____ ID NO: _____

DECLARATION

I declare all the information given herein is true and I shall abide by all the terms and conditions laid down by the self-help group. (Note: Giving false information is an offence under the laws of Kenya)

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESS NAME: _____ MEMBERSHIP NO: _____

WITNESS SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:

MEMBERSHIP NO: _____

SIGNATURE

DATE

REGISTERED BY:

VERIFIED BY:

APPROVED BY: