



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 ☐Female ☐Marital status: Married ☐Single ☐Widow ☐Others ☐

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: \_\_\_\_\_

## NEXT OF KIN

I, the undersigned, in the event of my death or medically proven permanent incapacitation whilst a member of the self-help group, hereby instruct the self-help group, to pay all amounts due to me, to the person(s) named in this section. I understand that I may alter the name of nominated next of kin by filling an updated form.

FULL NAMES	RELATIONSHIP TO MEMBER	ALLOCATION IN %	ID/PASSPORT NUMBER	MOBILE NUMBER

## 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: _____	_____	_____
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APPROVED BY: _____	_____	_____
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