

APPENDIX IV



ARCHDIOCESE OF NAIROBI

SOCIAL PROMOTION REGISTERED TRUSTEE

Serial No: _____

NAME OF GROUP _____ SELF HELP GROUP

MINOR SAVINGS ACCOUNT APPLICATION FORM

Requirements:

1. Copy of National ID/Passport of guardian and next of kin
2. Copy of Birth certificate/ Notification of birth/ Baptism card of minor
3. Passport size photograph of minor and guardian

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's Name..... (NAME OF THE CHILD)

Date of Birth.....

Guardians Name.....

Guardian's SHG No.....Guardian's I.D No

Phone No.....Religion

Current Address.....

NAME.....SIGNATURE.....

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)

GUARDIAN'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: _____	_____	_____

NOTES:

1. This account shall be opened on behalf of a minor but operated by a parent or guardian of above 18 years.
2. The minor account shall revert back to the minor on attainment of 18 years of age after consultation with the guardian/parent.
3. This will be a savings only account.
4. It will be entitled to surplus.
5. The account holder can guarantee a loan taken by parent/guardian for the purpose of school fees or hospital bills for the minor only.
6. The account holder cannot take a loan on his/her own.
7. The account holder has no vote either on their own or via proxy.
8. The account is exempted from all charges.