**GROUP MEMBERSHIP**

(*Kindly fill in Capital Letters)*

**PERSONAL DETAILS**

Group Name………………………………………………Registration No. ………………………….

KRA PIN….………………. Sub-County…………………… County…………………….

Address…………………… Phone No.……………………… Email………………………

Nature of Business………………………………………………………………

**Signatories**

1. Name………………………………… ID No………………………………………….

KRA PIN……………………………. Phone Number………………………………….

Address……………………………… Email Address………………………………….

Sign…………………………………. Date…………………………………………….

2. Name………………………………… ID No………………………………………….

KRA PIN……………………………. Phone Number………………………………….

Address……………………………… Email Address………………………………….

Sign…………………………………. Date…………………………………………….

3. Name………………………………… ID No………………………………………….

KRA PIN……………………………. Phone Number………………………………….

Address……………………………… Email Address………………………………….

Sign…………………………………. Date…………………………………………….

4. Name………………………………… ID No………………………………………….

KRA PIN……………………………. Phone Number………………………………….

Address……………………………… Email Address………………………………….

Sign…………………………………. Date…………………………………………….

**RECRUITED BY………………………………………. SIGN………………………………………...**

**MOBILE NUMBER…………………………………MEMBER NO.…………………………..........**

**FOR OFFICIAL USE ONLY**

Application approved/Not approved and entered in the register as Ac./ No………………..

**OFFICER’S NAME……………………….. SIGN………………… DATE…………………..**

***Please attach National ID copies & KRA PIN of Signatories, Registration Certificate and KRA PIN of the institution/business.***

***Turn Over and enter group members’ details.***

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|  | **NAME** | **ID NUMBER** | **PHONE NUMBER** | **KRA PIN NUMBER** |
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