



ARCHDIOCESE OF NAIROBI
SOCIAL PROMOTION REGISTERED TRUSTEE



Member No: **0302-**_____

Date:.....Photo No:.....

NAME OF GROUP: **GICHARANI 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 :	
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 <input type="checkbox"/> Non-Catholic <input type="checkbox"/>	
SOUCE OF INCOME (Where applicable)	
Current employer/ business	
Employer/ Business address:	Period in current employment/Business
Current average monthly income:	
Kshs. 0-50,000 <input type="checkbox"/>	Kshs. 50,000- 150,000 <input type="checkbox"/>
Kshs. 150,000- 250,000 <input type="checkbox"/>	Above Kshs. 250,000 . <input type="checkbox"/>
How did you know about Gicharani Catholic SHG?	
Friends <input type="checkbox"/>	Staff/Management <input type="checkbox"/>
Marketing materials <input type="checkbox"/>	Others (Specify)

NOMINATION OF BENEFICIARIES

Name of Group: Gicharani Catholic 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

	Full Name	Relationship	Date of Birth	Gender	Percentage

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 completed 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 shall abide by 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:.....

REGISTERED BY: _____ SIGNATURE _____ DATE _____

VERIFIED BY: _____ SIGNATURE _____ DATE _____

APPROVED BY: _____ SIGNATURE _____ DATE _____