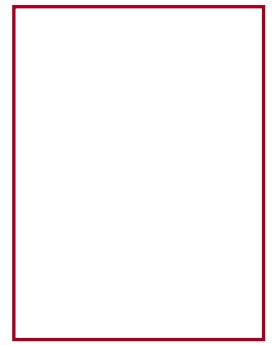




Caritas
NAIROBI

ARCHDIOCESE OF NAIROBI
SOCIAL PROMOTION REGISTERED TRUSTEE



Member No: _____

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

NAME OF GROUP: **ST. JOHN THE EVANGELIST GITHIGA CATHOLIC CHURCH SHG**

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 ☐ 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 . ☐

How did you know about St. John The Evangelist Githiga Catholic Church SHG?

Friends ☐

Staff/Management ☐

Marketing materials ☐

Others (Specify)

Name of Group: St. John The Evangelist Githiga Catholic Church SHG

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: _____

APPROVED BY: _____