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:……

		SIGNATURE	DATE
REGISTERED BY:	_____	_____	_____
VERIFIED BY:	_____	_____	_____
APPROVED BY:	_____	_____	_____