



ARCHDIOCESE OF NAIROBI

SOCIAL PROMOTION REGISTERED TRUSTEE

Serial No: \_\_\_\_\_

**NAME OF THE GROUP: QUEEN OF APOSTLES RUARAKA WOMEN 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 (Mr/Mrs/Miss/Dr/Prof/Rev/Sr):		
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"/>	
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		
Phone:	E-mail:	
City/Town:	County:	

**NOMINATION OF BENEFICIARIES**

Name of Group: ..... 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)*

	Full Name	Relationship	Date of Birth	Gender	Percentage

**DECLARATION**

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 complete 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 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)

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:	_____	_____
APPROVED BY:	_____	_____
AUTHORISED BY:	_____	_____