

St Pauls Self Help Group  
St Paul University Catholic Chapel  
University Way  
P.O. BOX 41512, 00100 NAIROBI  
Tel: 0707-774792  
Email: [info@stpaulshg.org](mailto:info@stpaulshg.org)



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**COMPANY ACCOUNT REGISTRATION FORM**

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*(Please complete this form in block letters)*

**1. APPLICATION FOR MEMBERSHIP**

We hereby apply for registration and agree to conform to the Group's Guidelines and By-laws and any amendments thereof.

Name of Organisation: \_\_\_\_\_  
Address: \_\_\_\_\_ Location: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Names of Company Signatories:**

**Director 1:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
ID/Passport Number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Signed: \_\_\_\_\_

**Director 2:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
ID/Passport Number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Signed: \_\_\_\_\_

**NB** Please note that correspondence will be primarily by email and therefore the company is requested to provide an email address that is active and checked on an on-going basis.

Activities of your Organisation: \_\_\_\_\_

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**2. FOR OFFICIAL USE ONLY**

Membership Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Management Committee Minute No  
\_\_\_\_\_ Minute Date \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_ Date of Share Refund \_\_\_\_\_ Refund Voucher / Cheque No  
\_\_\_\_\_

Withdrawal Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB** Please attach the following documents.

- Minutes of Organization Authorizing Account Opening.
- Copy of Registration Certificate.
- Copy of ID for all Signatories.
- Passport Photos of All Signatories.