

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



GROUP/ORGANIZATION ACCOUNT REGISTRATION FORM

(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 Group/Organisation: _____
Address: _____ Location: _____
Tel: _____ Mobile Number: _____
Email: _____ Website: _____

Names of Group/Organisation Officers/Signatories:

Chairperson:

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

Secretary:

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

Treasurer:

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

NB Please note that correspondence will be primarily by email and therefore every group/organisation is requested to provide an email address that is active and checked on an on-going basis.

What type of group/organisation are you? E.g. (Youth Group/Church Organization/Charity etc.):

Activities of your Group/Organisation: _____

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 Group/Organization Authorizing Account Opening.
- Copy of Registration Certificate.
- Copy of ID for all Signatories.
- Passport Photos of All Signatories.
- In case a group is not registered, a copy of minutes authorizing account opening will suffice.
- The minutes should have the group's letter head.