



Caritas
NAIROBI

ARCHDIOCESE OF NAIROBI
SOCIAL PROMOTION REGISTERED TRUSTEE

HOLY CROSS DANDORA CATHOLIC CHURCH 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

MEMBERSHIP NO.

HOLY CROSS DANDORA CATHOLIC SELF HELP GROUP

BY-LAWS 2021

As provided in the Self -Help Group Guidelines, the management came up with the following By-laws to govern the affairs of the Self-Help Group.

1. One-time non-refundable fee of ksh.300 shall be charged as registration fees for any member who is over 25 years and Ksh.150 for a member below 25 years.
2. All members are required to contribute a minimum share of ksh.50 every month (Members can save as many times as they can in a month). A fine of Ksh.30 will be imposed to members who fails to contribute shares in a particular month.
3. All new members are required to make six consecutive contributions to qualify for a loan facility from the Self-Help Group. The maximum loan a member can get is three times of one's share.
4. All payments to the Self-Help Group can be made through:
 - Cooperative Bank /Coop Kwa Jirani A/C no. 01128380362500
 - M-pesa Pay bill no 527544
 - Caritas Microfinance Bank A/C no.1002025000030
5. Office working days shall be Monday to Friday from 8.00 AM to 5.00 PM and Saturdays from 8.30 AM to 1.00 PM. The office will remain closed on Sundays and Public Holidays.
6. The Group holds its Annual General Meeting(AGM) and Education Day once in every year and members are required to attend. A fine of ksh.200 will be charged for members who are absent without apology and ksh.100 with apology.
7. From June 2012 the Group created a Benevolent Fund for all members and every member is required to contribute ksh.20 towards the fund.
8. The Group shall release Ksh.40,000 to the next of kin of the deceased member who qualifies for the Benevolent fund.
9. A retirement gratuity of Ksh.15,000 per year served will be paid to each member of the management committee.
10. A member whose loan is recovered from shares will be charged a service fee of Ksh. 500. Upon reactivating closed accounts, a reactivation fee of ksh.500 shall be charged.
11. A member qualifies for surplus declared at the AGM by having saved for at least six different months in the financial year.
12. A member shall give a 60 day notice of the intention to withdraw from the group. A withdrawal fee of ksh.700 shall be charged upon withdrawal.
13. A transfer fee of ksh.300 shall be charged to any member transferring shares to another member.
14. For a member to qualify to be a member of the Board of Directors for the Group he/she MUST have attained the age of 27 Years and not exceeding 60 years among other qualification provided in our guideline.

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)

APPLICANTS SIGNATURE _____ DATE _____

WITNESS NAME _____ MEMBERSHIP NO. _____

WITNESS SIGNATURE _____ DATE _____

I hereby apply for membership and to confirm 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 <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		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	
Phone	Email
City / Town	County

NOMINATION OF BENEFICIARIES

Name of groups _____ Self Help Group

Member's Name _____ Member No. _____

Date of Birth _____ ID No. _____

Postal Address _____ Code _____ City _____

Email Address _____ Tel: No. _____

BENEFICIARIES:

Attach a copy of Marriage Certificate/Affidavit/Birth Certificate or any other proof of legal relationships

	Full Name	Relationship	Date of Birth	Gender	Percentage

DECLARATION

I nominate the person(s) named above to 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 incapability 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 by nomination of beneficiary is not binding on the Self-Help Group

The nomination cancels and replace any previous nomination 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. _____

APPLICANT SIGNATURE _____

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 _____