



# MEMBERSHIP REGISTRATION FORM

Member Number

I wish to become a member of Alliance Self Help Group and agree to comply with its rules and regulations. By signing this form, I accept all terms and conditions of membership.

please complete in **BLOCK** letters or tick (✓) appropriate box unless otherwise indicated.

## A. CLIENT DETAILS

Title: Mr./Mrs./Dr./Ms./Prof:	Full Names:			passport
ID/Passport No:	Nationality:	KRA Pin No:		
Marital Status: Single <input type="checkbox"/> Married: <input type="checkbox"/> Widow/Widower: <input type="checkbox"/>		Religion:		
Personal Phone No:	Email address:	Office / Other No:		
Place of Residence: County:	Ward:	Estate / Village:	Street / Road:	
Next of Kin /Alternative contact:		Relationship:	Phone no. & Email address:	ID/passport:

## B. EMPLOYMENT DETAILS.

Source of Income: Self Employed <input type="checkbox"/> Permanent & Pensionable <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/>			
Employer's Name / Business Name if Self-employed:		Nature of Business:	Business /Employer Location:
Estimated income: <input type="checkbox"/> 0 - 30,000 <input type="checkbox"/> 30,000 -75,000 <input type="checkbox"/> 75,001 - 500,000 <input type="checkbox"/> Over 500,000			
Other Sources of income:		Description:	Proposed monthly Income:
<u>Student Details</u> Name of Institution:		Student Id No:	Graduation Date:

## C. DECLARATION OF BENEFICIARIES.

I nominate the person(s) named above to my preferred beneficiary(s) to receive any lump sum benefits payable under the self-help program guideline in the event of my medically declared insanity, permanent disability, or death. I Declare that the details given above are correct and to the best of my knowledge.

Full Member's Name:	Membership No:	Relationship:	Proportion %	Phone No:

## D. WHO INTRODUCED YOU TO ALLIANCE SELF HELP GROUP ?

Member <input type="checkbox"/>		Social Media <input type="checkbox"/>		Website <input type="checkbox"/>		Other <input type="checkbox"/>	
Member's Name	ID /Membership No:	Social Media Platform		Other/Affiliates.			
		Facebook					
		Twitter					
		Instagram					

## E. MEMBER DECLARATION

I confirm that the information provided herein and the disclosure made are true and hereby authorise the group to register me for the above indicated services. By signing on this form, I agree that I have read, understood and accept the General and Specific Terms and Conditions of these services provided at [alliance.co.ke](http://alliance.co.ke), as may be amended from time to time, including the authority and indemnity for Electronic Instructions provided therein, and agree to be bound by the same.

Signature

Date

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## FOR OFFICIAL USE ONLY.

The Application has been approved under the following membership category: Member ☐ Diaspora ☐

### REGISTRATION CHECKLIST

Original ID/Passport Sighted ☐

Signed Terms and Conditions ☐

ID/ Passport Copies Obtained ☐

Application Details Completed ☐

KRA PIN Certificate copies obtained ☐

**KYC** verification and member interview was done by:

*I confirm all details are completed as per KYC procedures, with relevant documents attached. I accept this membership registration with Alliance SHG.*

Opened by

Staff Name	Staff Number	Staff Signature	Date (YYYY-MM-DD)

Authorising Official's Signature: .....

Stamp .....

## TERMS, CONDITIONS AND BYLAWS

1. Individuals aged eighteen (18) and above, with a steady income and commitment to the group's objectives, can apply for membership. Approval is subject to meeting criteria and remitting the membership fee.

2. Any member(s) joining the Self-Help Group (SHG), participating in its activities, or accessing its resources, will be deemed to have read and understood these terms and conditions and the applicable Schedule of SHG Regulations issued and amended from time to time.

3. Only valid and acceptable means of Identification (International Passport, Kenyan National Identity Card, Certificate of Incorporation, and Registration Certificate) will be required prior to the SHG opening any account.

4. Prospective members must complete a Membership application form and pay a non-refundable fee: KSH 300/=.

5. New members must fulfil the requirement of making six consecutive monthly contributions to be eligible for a loan facility from the self-help group having a minimum share/deposit contribution of KSH 1000/= per month.

(5.1) A member can obtain a loan up to three times their share, provided they have a guarantor, and any lump sum contribution made to secure the loan must remain in the group for at least six months.

6. All Payments to the group can be paid to the group via the PAYBILL: **5464350** Account No : Membership Number/ID No.

6. Office operations will be conducted Monday through Friday from 8:00 AM to 5:00 PM, and on Saturday from 8:00 AM to 12:00 PM. No work will be scheduled on holidays or Sundays.

7. A fine of 50 Kenyan Shillings will be levied on dormant members who neglect to contribute their shares for four consecutive months.

8. The group has established a benevolent fund of for all members. It is mandatory for every member to contribute to this fund along with a merged administrative fee amounting to KSH 100/=.

9. The organization will disburse a lump sum to the eligible next of kin of a deceased member who qualifies for the Benevolent Fund. Claims must be submitted within one year of the members passing.

10. A service fee of KES 500 will be charged to members whose loans are recovered from shares, a reactivation fee of KES 500 will be imposed to resume savings upon reactivating a closed account, and a transfer fee of KES 300 will be levied on any member transferring shares to another member.

11. A member qualifies for a surplus declared at the Annual General Meeting (AGM) by demonstrating consistent saving activity within the last four months of the financial year. This qualification will be assessed on a weighted average basis.

12. A member withdrawing from membership of the group shall give 60 days' written notice of intention to withdraw and non-refundable withdrawal fee .

13 The Self-Help Group (SHG) holds its Annual General Meeting (AGM) and Education Day once every year. Members are required

to attend. A fine of KSH 100/= will be imposed on those who fail to attend without an apology..

14. The group reserves the right to revise, amend, delete, or supplement any of these terms and conditions, whether in whole or in part, at any time. Such changes shall be effective from the date specified by the SHG for such modifications.

15. The SHG shall reference its tariffs, fees, and charges for its products and services in the product agreements. The SHG reserves the right, at any time and with notice, to impose charges or increase charges for the use of its services.

16. Every member shall receive a "member's statement" which shall contain details as to his / her shares with the group. The latest member's statement signed by an authorised officer shall constitute a certificate of shareholding unless proved otherwise. The statement shall be sent to every member not less frequently than once every four months.

17. To verify your identity for protection and asset security, fulfil contractual obligations, comply with regulations, provide services, manage accounts, share updates on products/services, and communicate relevant offerings.

18. The Group and its Affiliates are dedicated to safeguarding your personal data. We pledge to handle any personal data we gather from you in strict compliance with Data Protection Legislation, the provisions outlined in the Data Privacy Policy, and the Group's data retention policy.

I, the undersigned member of the SHG, confirm that I have read and understood the terms and conditions contained herein above, and hereby freely agree to be bound by said terms and conditions. I further confirm that the information and documentation provided to the group is correct and accurate to the best of my knowledge.

Official Names -----

Signature -----

Date -----