APPENDIX IV



ARCHDIOCESE OF NAIROBI

SOCIAL PROMOTION REGISTERED TRUSTEE

Serial No: _

NAME	OF GROUP	SELF HELP GROUP		
MINOR SAVINGS ACCOUNT APPLICATION FORM				
Requi	rements:			
1.	Copy of National ID/Passport of guardian and next of kin			
2.	Copy of Birth certificate/ Notification of birth/ Baptism card	of minor		
3.	Passport size photograph of minor and guardian			
I hereby apply for membership and agree to conform and abide by the self-help group's by-laws, regulations, guidelines and amendments thereof.				
Applio	Applicant's Name(NAME OF THE CHILD)			
Date of Birth				
Guardians Name				
Guardian's SHG NoGuardian's I.D NoGuardian's I.D No				
Phone No Religion				
Current Address				
NAMESIGNATURE				
DECL	ARATION			
	are all the information given herein is true and I shall abide by a nelp group. (Note: Giving false information is an offence under	•		
GUAR	DIAN'S SIGNATURE:	DATE:		
WITN	ESS NAME:	MEMBERSHIP NO:		
WITN	ESS SIGNATURE:	. DATE:		

FOR OFFICIAL USE ONLY

MEMBERSHIP NO:		
	SIGNATURE	DATE
REGISTERED BY:		
VERIFIED BY:		
APPROVED BY:		

We have checked and confirmed that all the information given above is correct:

NOTES:

- 1. This account shall be opened on behalf of a minor but operated by a parent or guardian of above 18 years.
- 2. The minor account shall revert back to the minor on attainment of 18 years of age after consultation with the guardian/parent.
- 3. This will be a savings only account.
- 4. It will be entitled to surplus.
- 5. The account holder can guarantee a loan taken by parent/guardian for the purpose of school fees or hospital bills for the minor only.
- 6. The account holder cannot take a loan on his/her own.
- 7. The account holder has no vote either on their own or via proxy.
- 8. The account is exempted from all charges.