

# AFFILIATE MEMBERSHIP APPLICATION FORM



## COMPANY INFORMATION

Name of Company or Organisation

Trading Name

Postal Address

Physical Address

Telephone No.

## Membership Category

Regulator

Donor Debt Tracing/ Collections

Credit bureau

Credit scoring/ Analytics

## Business Profile

Please submit a short description / profile of the business which includes

(i) An overview of the owner

(ii) Products on offer and

(iii) Reason for requesting membership to the AKCP.

*(Kindly provide as much information as possible. Use a separate page should this space be insufficient)*

## TO: CIS KENYA

### Membership Certification

Having acquainted ourselves with the relevant Guidelines, Data Standardization Template (DST), Data Validation Tool (DVT) and Code of Conduct for members, we hereby

(i) Confirm all information reflected in this application is true and correct.

(ii) Confirm that we shall abide by the set rules and guidelines.

(iii) Apply for membership to participate in the CIS in the membership category as indicated.

Signed for and on behalf of the Applicant

Name of the signatory:

Official Stamp:

Title of signatory:

Email Address:

Our Representative to CIS Kenya is

Name:

Title:

Tel No:

Cell No:

Email Address:

Our Alternate Representative to CIS Kenya is

Name:

Title:

Tel No:

Cell No:

Email Address:

### IMPORTANT

- Please enclose certified copies of:
- Certificate of Incorporation of the Applicant (optional)
  - PIN Certificate

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