

ASSOCIATE MEMBERSHIP APPLICATION FORM



COMPANY INFORMATION

Name of Company or Organisation

Trading Name

Postal Address

Physical Address

Telephone No.

Business Profile

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

(i) Ownership Structure (ii) Products offered (iii) Why you want to join CIS Kenya

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

Membership Declaration

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

- (i) That all information reflected in this application is true and correct.
- (ii) That we shall abide by the set rules and guidelines.

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:

Our Appointed Dispute Resolution Officer is

Name:

Title:

Tel No:

Cell No:

Email Address:

Alternate is

Name:

Title:

Tel No:

Cell No:

Email Address:

IMPORTANT

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

Located at the Kenya School of Monetary Studies Mathare North Road, off Thika Road
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