FULL MEMBERSHIP APPLICATION FORM



COMPANY INFORMATION				
Name of Company or Organisation				
Trading Name				
_				
Postal Address				
Physical Address		Telephone No.		
Company Registration No.				
KRA PIN No.				
VAT Registration No.				
Name(s) of Network(s) or Profession	al Association(s)/ Affiliation(s) (if any)			
	., ., ., ., .,			
BUSINESS CATEGORY				
O Bank O Cash/ Consumer Lender	O Insurance/ Assurance	O Telecommunica O Utilities	ations	
O DFIs/ State Lenders	O Micro Finance Institution O Retail			
O Finance/Lease company	O SACCO	o other		
LOAN INFORMATION				
Number of personal loan accounts in				
your portfolio		as at (date)		
Number of corporate loan accounts	in your portfolio			
		as at (date)		
Is your debt recovery internal or outs	sourced?	O Yes	O No	
December 2015	and the second			
Do you have consent to share inform through CRBs from your customer?	aduon	O Yes	O 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.				
(ii) 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	n the relevant Guidelines, Data Stand	lardization Template (DST), Data		
Validation Tool (DVT) and Code of	Conduct for members, we hereby co	onfirm;		
(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:				
Title of signatory:		Official Stamp		
		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	n Officer is	l'		
Our Appointed Dispute Resolution Officer is Name: Title:				
Tel No:	Cell No:	Email Address:		
Alternate is Name:		Title:		
Tel No:	Cell No:	Email Address:		
	Please enclose certified co	nias af		
IMPORTANT		Most recent Audited Financial Statements (for lending institutions)		
IMPORTANT	 Certificate of Incorpora 			
	PIN Certificate			

Located at the Kenya School of Monetary Studies Mathare North Road, off Thika Road t. +254 20 2652308 t. +254 20 864 6267/215 e. info@ciskenya.co.ke www.ciskenya.co.ke