FULL MEMBERSHIP APPLICATION FORM - B*



APPLICATION FORM - B* Please fill the application form, attach the relevant documents and send it to members@ciskenya.co.ke **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 Professional Association(s)/ Affiliation(s) (if any) **BUSINESS CATEGORY** O Telecommunications O Bank O Insurance/ Assurance O Cash/ Consumer Lender O Micro Finance Institution O Utilities O DFIs/ State Lenders O Other _____ O Retail O Finance/Lease company O SACCO 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 outsourced? O Yes O No Do you have consent to share information through CRBs from your customer? 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.				
	(Kindly provide a	s much information as possible. Use a separate page should this space be insufficient)				



^{*}A potential Credit Information Provider but not yet approved legally to.

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Signed for and on be	ehalf of the Applic	an t			
Name of the signato	ry:				
Title of signatory:				Official Stamp	
				Email Address:	
Our Representative to	n CIS Kenya is				
Name:	o cio nellya is			Title:	
Tel No:	C	Cell No:		Email Address:	
Our Alternate Repres	entative to CIS Kei	nya is			
Name:				Title:	
Tel No:	C	ell No:		Email Address:	
Our Appointed Disput	e Resolution Offic	er is			
Name:				Title:	
Tel No:	Cı	Cell No:		Email Address:	
Alternate is Name:	·			Title:	
Tel No:	Cı	ell No:		Email Address:	
	IMPORTAN		of incorpo cate In Certifica	oration	

NB: Copies should be in pdf file format

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