

AFFILIATE MEMBERSHIP APPLICATION FORM



COMPANY INFORMATION

Name of Company or Organisation

Trading Name

Postal Address

Physical Address

Telephone No.

Business Category

Regulator Donor Debt Tracing/ Collections Association Credit scoring/ Analytics Other

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 and code of conduct, 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:

IMPORTANT

Please enclose certified copies of:

- Certificate of Incorporation of the Applicant (optional)
- PIN Certificate
- Include Business Registration Certificate and any other Registration Document

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