



**ARCHDIOCESE OF NAIROBI**

**SOCIAL PROMOTION REGISTERED TRUSTEE**

Serial No: \_\_\_\_\_

NAME OF GROUP \_\_\_\_\_ SELF HELP GROUP

**MINOR SAVINGS ACCOUNT APPLICATION FORM**

**Requirements:**

1. Copy of National ID/Passport of guardian and next of kin
2. Copy of Birth certificate/ Notification of birth/ Baptism card of minor
3. Passport size photograph of minor and guardian

I hereby apply for membership and agree to conform and abide by the self-help group's by-laws, regulations, guidelines and amendments thereof.

Applicant's Name..... (NAME OF THE CHILD)

Date of Birth.....

Guardians Name.....

Guardian's SHG No.....Guardian's I.D No .....

Phone No..... Religion .....

Current Address.....

NAME.....SIGNATURE.....

**DECLARATION**

I declare all the information given herein is true and I shall abide by all the terms and conditions laid down by the self- help group. (Note: Giving false information is an offence under the laws of Kenya)

GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ MEMBERSHIP NO: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**FOR OFFICIAL USE ONLY**

We have checked and confirmed that all the information given above is correct:

MEMBERSHIP NO: \_\_\_\_\_

	<b>SIGNATURE</b>	<b>DATE</b>
REGISTERED BY: _____	_____	_____

VERIFIED BY: _____	_____	_____
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APPROVED BY: _____	_____	_____
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**NOTES:**

1. This account shall be opened on behalf of a minor but operated by a parent or guardian of above 18 years.
2. The minor account shall revert back to the minor on attainment of 18 years of age after consultation with the guardian/parent.
3. This will be a savings only account.
4. It will be entitled to surplus.
5. The account holder can guarantee a loan taken by parent/guardian for the purpose of school fees or hospital bills for the minor only.
6. The account holder cannot take a loan on his/her own.
7. The account holder has no vote either on their own or via proxy.
8. The account is exempted from all charges.

