



Form 1 MEMBER REGISTRATION FORM

Center Name	
Sub-branch	
Branch	

CLIENT AND FAMILY INFORMATION									
First Name		Middle Names			Last Name				
Common		CID	Group		Chair	Sec	Treas	memr	Group
ID Number		Phone Number			Alt. Phone Number				
Gender	Male Female	Birthdate	/ /		Marital Status		Single <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/>		
Religion	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Other <input type="checkbox"/>			Highest level of education of female head/spouse					
How many members does household have?				Client's Employment History					
Client's Education Completed		<input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other			Total Dependants		No. of Children		
					Children:	Sons	Daughters	Total	
Source of Income	Business: Employment: Other:			1. 0 to 14 years					
Type of Business(es)				2. 15 - 19 years					
Home Ownership	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Rental <input type="checkbox"/> Other			3. Adults > 19 yrs					
Type of House	<input type="checkbox"/> Permanent Thatched <input type="checkbox"/> Semi-Permanent <input type="checkbox"/> Other			Total Children					
				Bank name & Acct Nr					
No. of habitable rooms household occupy in main dwelling				Floor of main dwelling is predominantly made of:					
CLIENT ADDRESS									
Village			Sub county						
Sub-Location			County						
Location			PO Box						
Ward			Rural Client?			Yes No			
CRB Rating	Past and current membership:			Center chief phone no.					
Spouse source of income	<input type="checkbox"/> Personal business <input type="checkbox"/> Farming <input type="checkbox"/> Outside employment <input type="checkbox"/> None			Spouse phone No.					
Main occupation of male head /spouse(industry)			Does not work	No male head/spouse	Agricultur	Any other (specify)			
KIN INFORMATION									
Kin Information		Next of Kin			Alternate Kin		Spouse (if not Next or Alternate Kin)		
Relationship									
Name									
ID Number									
Residence									
Telephone Number									
BUSINESS INFORMATION									
Business Activity & Age of Business				Main source of lighting fuel of household:					
Shop / Kiosk		Salon		No. of towels household has:		No. of mosquito nets:			
Fish		Café		Does household own any iron?:		No. of frying pans owned:			
Water		Garage		Client Consent: By signing below I authorize YMSL to process my personal data which is any and all non-public and other personal information about me including National ID No., PIN No., financial information, any information about me that has been marked as private, and any additional categories of information that from time to time is referred as personal data. I Authorizes YMSL to access and query credit information from licensed CRBs. This consent includes provision and YMSL use of my photo for credit assessment purposes. Member Name.....Signature.....Date.....					
<input type="checkbox"/> Food Stall /Open Air	<input type="checkbox"/> Tailoring								
<input type="checkbox"/> Fruit/ Veg Stall	<input type="checkbox"/> Crop Farming								
<input type="checkbox"/> Clothing Sales	<input type="checkbox"/> Livestock								
<input type="checkbox"/> Fuel Sales Hawking	<input type="checkbox"/>								
<input type="checkbox"/> Other: _____	<input type="checkbox"/>								
Business location-----									
Crop Farming -Type of crop & acreage_____									
Center Chief Name.....Signature.....Date.....				Member Join Date _/_____/					
CO Name Signature.....Date.....				BM Verification on client's Onboarding & Recommendation <i>(indicate phone no. & names of clients called)</i>					
BAA Verification on client's Onboarding & Recommendation									
BAA Name Signature.....Date.....				BM Name Signature.....Date.....					

Credit Officer provides member number and stamps form. Also completes form with client. Document filed as first document in client file.