

# GROUP APPLICATION FORM



## COUNTY GOVERNMENT OF MIGORI

DEPARTMENT OF TRADE, TOURISM, INDUSTRIALIZATION AND CO-OPERATIVE DEVELOPMENT

P.O. Box 365-40400 SUNA, MIGORI

APPLICATION/APPRaisal FORMS FOR APPLICATION OF ECONOMIC EMPOWERMENT FUNDING

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. FOR GROUP APPLICANTS ONLY  
COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH  
YOUR SUPPORTING DOCUMENTS

### 1. APPLICANT'S DETAILS

|   |  |                   |  |
|---|--|-------------------|--|
| Group name                                  |  |                   |  |
| Type of group (e.g. SACCO, MSME, Self Help) |  |                   |  |
| P.O Box                                     |  | Code              |  |
| Town  |  | Mobile phone      |  |
| Date of registration                        |  | Reg. No/Serial No |  |
| Bank  |  | Branch            |  |
| Account Name                                |  | Account Number    |  |

### 2. CONTACT INFORMATION

| Details required | Chair | Secretary | Treasurer |
|------------------|-------|-----------|-----------|
| Name             |       |           |           |
| Gender           |       |           |           |
| Date of birth    |       |           |           |
| Age              |       |           |           |
| ID No            |       |           |           |
| Education level  |       |           |           |
| Telephone        |       |           |           |

**3. LOCATION OF THE GROUP/BUSINESS**

|                   |  |                           |  |
|-------------------|--|---------------------------|--|
| County            |  | Sub county                |  |
| Ward              |  | Location                  |  |
| Sub location      |  | Name of chief/asst. Chief |  |
| Physical address: |  |                           |  |

**4. VERIFICATION FROM THE AREA CHIEF/ASSISTANT CHIEF**

|  |  |                |  |
|--|--|----------------|--|
| <b>I certify that I know the members of the group and that they are of good conduct to access public funds</b> |  |                |  |
| NAME:  |  |                |  |
| Signature  |  | Official stamp |  |

**5. MEMBERSHIP PROFILE**

| <b>GENDER</b> | <b>NO. OF MEMBERS</b> | <b>MEMBERS WITH DISABILITY</b> | <b>NUMBER OF YOUTHS (18-35)</b> |
|---------------|-----------------------|--------------------------------|---------------------------------|
| Male          |                       |                                |                                 |
| Female        |                       |                                |                                 |
| Other         |                       |                                |                                 |
| Total         |                       |                                |                                 |

**6. BRIEF BACKGROUND OF THE GROUP:**

**a. Purpose/Objective (e.g) improve economic well-being of members**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**b. Primary economic activity**

| Area            | Brief description |
|-----------------|-------------------|
| Agriculture     |                   |
| Trade           |                   |
| Manufacturing   |                   |
| Services        |                   |
| Others (specify |                   |

**c. Key activities e.g. weekly group meetings with table banking**

|  |
|--|
|  |
|  |
|  |
|  |
|  |



## 8) GROUP BANK ACCOUNT SIGNATORIES

| S/No. | NAME | POSITION | SIGNATURE |
|-------|------|----------|-----------|
| 1     |      |          |           |
| 2     |      |          |           |
| 3     |      |          |           |

## 9) DECLARATION

We, the undersigned, declare that the information provided in this application is true and correct to the best of our knowledge. We understand that any false information may lead to the disqualification of our application

| OFFICAL           | NAME | ID NUMBER | SIGNATURE | DATE |
|-------------------|------|-----------|-----------|------|
| Group Chairperson |      |           |           |      |
| Group Secretary   |      |           |           |      |
| Group Treasurer   |      |           |           |      |

## FOR OFFICIAL USE

### 10) CHECKLIST OF COPIES OF DOCUMENTS ATTACHED

|  |  |
|--|--|
| Completed and duly filled application form   |  |
| Certified copy of registration certificate   |  |
| Bank account statements  |  |
| Financial records for existing business  |  |
| Copies of IDS and KRA pins for group leaders   |  |
| KRA pin for the group  |  |
| Minutes of group meetings  |  |
| List of members with gender, age, IDs, telephone numbers & polling stations                              |  |
| Group constitution   |  |
| Business plan or proposal with objectives, activities, target beneficiaries, budget and expected outcome |  |

**11) RECOMMENDATION FROM THE ECONOMIC EMPOWERMENT APPRAISAL COMMITTEE**

**a) Reasons for recommending approval/decline:**

|  |               |           |                        |      |  |
|--|---------------|-----------|------------------------|------|--|
|  |               |           |                        |      |  |
|  |               |           |                        |      |  |
|  |               |           |                        |      |  |
| Chairman   |               | Signature |                        | Date |  |
| Secretary  |               |           |                        |      |  |
| Minute no.   |               | Date      |                        |      |  |
| We have validated and technically assessed the proposal and we recommend as follows: |               |           |                        |      |  |
| Approved   | Amount (kshs) |           |                        |      |  |
| Rejected (reasons)   |               |           |                        |      |  |
| Signed by chairperson  |               |           | Witnessed by secretary |      |  |
| Minutes signed on this _____ (date) day of _____ (month) _____ (year) _____          |               |           |                        |      |  |
| Place  |               |           |                        |      |  |

**12) ATTESTATION**

|  |
|--|
| <p>I Mr./Mrs./Ms.: .....<br/>         (Secretary Economic Empowerment Funds Committee) confirm that all the documents are attached and relevant information captured.</p> <p>Signature: ..... Date: .....</p> <p>Application No.: .....</p> <p>Date Recommended: .....</p> <p>Date Received: .....</p> |
|--|