

SOCIETIES TRANSFORMATION AND WELFARE IMPROVEMENTS



GROUPS REGISTRATION FORM

Name of Group		
Contact Address of the Group	Name of the Contact Person	
	Physical Address of the group	
	Postal Address / P. O. Box	
	Telephone Number	
	Mobile Number	
	Email Address	
District, Ward and Region		
Ownership of the Line Business		Partnership <input type="checkbox"/> Group <input type="checkbox"/> SME <input type="checkbox"/> Cooperative <input type="checkbox"/>
Line of business Sector of Engagement		Horticulture <input type="checkbox"/> Dairy <input type="checkbox"/> Poultry <input type="checkbox"/> Fishing <input type="checkbox"/> Cereals <input type="checkbox"/> Beekeeping <input type="checkbox"/> Forestation <input type="checkbox"/>
Number of Group Members		1 - 5 <input type="checkbox"/> 6 - 10 <input type="checkbox"/> 11 - 15 <input type="checkbox"/> 16 - 20 <input type="checkbox"/> 21 - 25 <input type="checkbox"/> NB: Go to Page 2 and write names of all group members
Gender Status		Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed <input type="checkbox"/>
Registration Status of the group		Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> On the Process <input type="checkbox"/>
If registered – What is the date of registration		Date: Day..... Month Year NB: Attach your certificate of registration
Average education level of the group members		Primary Education <input type="checkbox"/> Secondary education <input type="checkbox"/> Tertiary Education <input type="checkbox"/> University Education <input type="checkbox"/>
The average age of the group members		15 – 20 <input type="checkbox"/> 21 – 25 <input type="checkbox"/> 26 – 30 <input type="checkbox"/> 31 – 35 <input type="checkbox"/>
Does the group own the Assets : YES: <input type="checkbox"/> NO: <input type="checkbox"/>		If YES - Mention here i. ii. iii. iv. v. vi.
Any Business Development knowledge the group has		Mention here i. ii. iii. iv. v. vi.
Does the group have savings?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the group have access to credit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the group belong to any association?		Yes <input type="checkbox"/> No <input type="checkbox"/> If YES: Mention the group or association i. ii. iii.
Does the group has computer knowledge?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the group language proficiency?		Kiswahili <input type="checkbox"/> English <input type="checkbox"/>

On behalf of the group, I do agree that I have carefully read, fill and submit all required information and documents to STAWI.
All documents and information submitted with this registration form are true and accurate on my best knowledge and affairs

Name of the Group Leaders i.
ii.

Signature Date
Designation Stamp