



# Kenya Association of Investment Groups APPLICATION FORM FOR MEMBERSHIP

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## CORPORATE MEMBERSHIP

Please print

COMPANY NAME.....

COMPANY REGISTRATION NUMBER.....

OFFICIAL ADDRESS.....

TOWN/ CITY.....CODE.....COUNTRY.....

TELEPHONE.....FAX.....CELLPHONE.....

### NAMES AND CONTACTS OF DIRECTORS\*

1. Name:.....E- mail:.....Cell phone No.....

2. Name:.....E- mail:.....Cell phone No.....

3. Name:.....E- mail:.....Cell phone No.....

4. Name:.....E- mail:.....Cell phone No.....

5. Name:.....E- mail:.....Cell phone No.....

6. Name:.....E- mail:.....Cell phone No.....

7. Name:.....E- mail:.....Cell phone No.....

8. Name:.....E- mail:.....Cell phone No.....

### PLEASE ATTACH:

1. Certificate of Incorporation
2. Photograph of Directors (Optional)

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you have any products designed specifically for investment groups?  
(Please list)

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Would your organization be interested in providing resources / resource persons for any of the following  
Please tick

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| 1. Forming and managing Investment Clubs | <input type="checkbox"/> | 5. Prospecting in property development    | <input type="checkbox"/> |
| 2. Stock market analysis                 | <input type="checkbox"/> | 6. Diversifying your Investment portfolio | <input type="checkbox"/> |
| 3. Mutual funds/Unit trust               | <input type="checkbox"/> | 7. Investment tours                       | <input type="checkbox"/> |
| 4. Offshore investments                  | <input type="checkbox"/> |   |                          |

Would your organization be willing to participate / partner in the following  
Please tick

- |   |                          |
|---|--------------------------|
| 1. Provide resource persons for KAIG quarterly investment talks | <input type="checkbox"/> |
| 2. Advertising in KAIG investment manual and magazine           | <input type="checkbox"/> |
| 3. Sponsor and brand KAIG meeting room                          | <input type="checkbox"/> |
| 4. Contribute to the KAIG monthly investment updates            | <input type="checkbox"/> |
| 5. Provide preferential terms of service to KAIG members        | <input type="checkbox"/> |

What other activities would you like to facilitate?  
Please list below

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DIRECTORS

<u>Name</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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(for official use only)

CODE NUMBER \_\_\_\_\_ APPROVED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Payment Received \_\_\_\_\_ Cheque No. \_\_\_\_\_

Thank You.