AFFILIATION APPLICATION FORM

No._____

Name of Organisation	
Registered as	Society ☐ Trust ☐ Company ☐ Other ☐ (Please specify)
Date of Registration	
Registration Number	
TPIN	

Physical Address	
Telephone	
Email Address	

Name of Representative			
Mobile Number		WhatsApp	

Primary activities:

How many branches the organisation have?	
(Kindly list all the branches on the separate paper provided)	

I _____ (Name of Representative) confirm that the information provided is true and correct and confirm our registration and cooperation.

Position in the organisation: _____ Signature:_____ Date:____/____/____

Please attach the following documents with the application form:

- **Copy of Registration certificates**
- **TPIN Certificate**

Note: The Federation has the right to approve or reject the application at its own discretion.
The Federation has the right to investigate and confirm the above information.
An affiliation fee of K500 per annum will be charged

For Official Use

FILE No.:		REG No.:	
Receipt No.:		Affiliation Approval Date:	

NAME OF ORGANISATION _____

No	Branch name and address	No. of Muslims	Imaam/Chairman	Contact No.
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