Group Registration Form

For groups of 5–30 members applying for a Business Group Loan. Complete in BLOCK letters.

GROUP DETAILS

Group Name

_____

Date Formed

_____

Meeting Venue

_____

Meeting Day & Time

_____

Total Members

_____

Registration / Cert. No.

_____

GROUP OFFICIALS

Role	Full Name	ID Number	Phone
Chairperson			
Secretary			
Treasurer			

MEMBERS REGISTER

#	Full Name	ID Number	Phone	Signature
1				
2				
3				
4				
5				
6				
7				

8				
9				
10				
11				
12				

Group Declaration

We, the undersigned officials, confirm that the members listed above have formed this group voluntarily, agree to guarantee one another, and accept the lending terms of Legacy Africa Microfinance Ltd.

Chairperson: _____ **Secretary:** _____ **Date:** _____