

**A. BASIC RULES AND REGULATIONS**

4.

1. Membership fee once paid is Non-refundable.
2. A written notice is required to withdraw from the Society.
3. One must be a member of UTAK for at least 60 days to qualify for free legal services.
4. An Applicant shall submit three passport sizes for registration purposes.
5. In case of change of physical address and / or particulars, please alert the office immediately within (30) days.

**MAIN OBJECTIVES:**

- a. The Society is formed as an Association for Landlords' mobilization, poverty eradication, entrenchment and enhancement of socio economic justice on rental premises.
- b. The Society manages the relationship between Landlords and Tenants in Kenya through organized forums to advice all Landlords throughout the country.
- c. The Society advices all Landlords on legal matters on rental premises especially on : Rental Lease Agreements, Rental Notices, Rent Defaulters and Government taxes.

**UTAK HOTLINE**

*Tel No: 0721 899 900*

*Email: urbantenantskenya@hotmail.com*



**UTAK DOC**

**Membership No. \_\_\_\_\_**

**UTAK MEMBER**

**LANDLORD**

**MEMBERSHIP APPLICATION FORM**

**(Fill in triplicate)**

**BRANCH : \_\_\_\_\_**

**HEAD OFFICE:**

**Office Park Building  
Riverside 1<sup>st</sup> Floor  
P.O. Box 69349-00400  
Nairobi  
Phone: 0721 899 900**

**NAIROBI REGION OFFICE:**

**Gatakaini Investment House  
Off Moi Avenue  
Next To Kodja Mosque  
Nyakatch Lane – 1<sup>st</sup> Flr  
P.O. Box 69349-00400, Nairobi**

*Website: www.urbantenancy.com*

1.a

2.

No. of Tenants: \_\_\_\_\_

Monthly rent payable: \_\_\_\_\_

Do you have any matter in court? \_\_\_\_\_

*I hereby make application for membership and agree to abide by the Associations Rules and Regulations. I have read and understood the basic rules stated in this form.*

Signature of Applicant: \_\_\_\_\_

Introduced by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. FOR OFFICIAL USE ONLY**

Registration	a. Approved	<input type="checkbox"/>	b. Not Approved	<input type="checkbox"/>
Issued Receipt No. / Membership No. _____				
Paid by: _____				
Branch: _____				
Signature: _____				
Date: _____				

**APPLICATION FOR MEMBERSHIP**

3.

*(To be filled in capital letters)*

**C. PARTICULARS**

**Full Name: Prof/Dr/Mr/Mrs/Ms**

*(Tick appropriate)*

1. a	<input type="checkbox"/>	Landlord	1. b	<input type="checkbox"/>	Property Manager	1. c	<input type="checkbox"/>	Property Agent
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Wish to join the Association as a:

a. Corporate Member  10,000/=

b. Ordinary Member  5,000/=

Annual Fee : 500/= per year

Id No/Pappt. No/Code \_\_\_\_\_

Postal Address: \_\_\_\_\_

County : \_\_\_\_\_

Town/City: \_\_\_\_\_ Estate: \_\_\_\_\_

Road: \_\_\_\_\_ Plot No(s). \_\_\_\_\_

Tel No. (Landline) \_\_\_\_\_ Mobile No \_\_\_\_\_

Pin No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_