

P.O. Box 4982-00200

Tel: 0794673821

Email: info@rupha.co.ke Website:

www.rupha.co.ke

AFFILIATE MEMBERSHIP REGISTRATION FORM

ORGANIZATION INFORMATION
Name of the organization:
Nature of business:
CONTACT INFORMATION:
Postal address:
Physical address: road / street
Building floor
Mobile 1 Mobile 2
Email address:
Alternative email address:
Other registered offices / branches:
CONTACT PERSON:
Name: (first name) (middle name) (last name)
Title: Designation:
Mobile no 1:
Email address:
What collaboration platforms do you look forward to e.g.
Access to social media platforms,
Email lists.
Breakfast meetings,
Annual national conventions
Others
DOCUMENT UPLOAD
KRA pin(attach copy)
Certificate of incorporation no:(attach copy)
Business permit:
Business profile / proposal (attach copy)

BENEFITS OF BEING A RUPHA AFFILIATE MEMBER

Product/service activation: gain endorsement for your products or services across multiple platforms:

1. **Website:** link your website to ours and showcase your offerings.

The Comprehensive Care Society

- 2. X/WhatsApp/Facebook/LinkedIn: receive regular endorsements on our social media pages.
- 3. **Bulk SMS**: benefit from endorsements through our bulk SMS service.

Enhanced visibility: increase your company's visibility to over 350 healthcare facilities countrywide by accessing year-long networking opportunities to share your product/service details, pricing, contact information, and location.

PAYMENT DETAILS

BANK DETAILS: EQUITY BANK (KENYA) LIMITED

ACCOUNT NAME: RURAL PRIVATE HOSPITALS ASSOCIATION OF KENYA

BANK ACCOUNT NO: 176 028 136 2990 -KES

176 028 451 6849 -USD

BANK SWIFT CODE: EQBLKENAXXX

BANK CODE: 068 BRANCH CODE: 176

BRANCH NAME: SYOKIMAU GATEWAY MALL BRANCH

MPESA PAYBILL:

PAYBILL: 247247

ACCOUNT NO: 176 028 136 2990

ACCOUNT NAME: RURAL PRIVATE HOSPITALS ASSOCIATION OF KENYA