



Affix one passport photograph with name written behind it.

APPLICATION FORM

The information you provide will be held in strict confidence and completion of this form in no way constitutes a commitment that a MASI member status is automatically awarded. We encourage you to share all relevant information and include anything that you find will make your candidacy stand out as a potential MASI member. Thank you again for your interest in the MASI project

ABOUT YOURSELF

FULL NAME

MOBILE NUMBERS:

ADDRESS/VILLAGE/LOCAL GOVERNMENT AREA:

GENDER (MALE /FEMALE):

WHICH OF THE MATAN AREWAN SOSAI OPTION ARE YOU CHOOSING? (TICK THE APPROPRIATE OPTION)

ENERGY ENTREPRENEUR

BUSINESS SUPPORT WITH ENERGY

WHAT TYPE OF BUSINESS DO YOU WANT THE INITIATIVE SUPPORT?

REFERENCES: Please give two individual references to support your application to be a MASI Member. These should be associates who know you well.

REFERENCE 1:

FULL NAME

MOBILE NUMBERS:

ADDRESS/VILLAGE/LOCAL GOVERNMENT AREA:

RELATIONSHIP WITH THE APPLICANT

REFEREES SIGNATURE

REFERENCE 2:

FULL NAME

MOBILE NUMBERS:

ADDRESS/VILLAGE/LOCAL GOVERNMENT AREA:

RELATIONSHIP WITH THE APPLICANT

REFEREES SIGNATURE

Authorization for Background Check

I represent and warrant that all of the statements made by me in the above application are true and correct. I understand that if I make a false statement, such action will terminate my application for consideration. I understand that by signing this application, I authorize SOSAI to do a background check. I agree that this application shall be and remain the property of SOSAI whether or not this application is approved. By my signature below, I hereby authorize my references to share information about my association with them. This authorization shall be valid in original or copy form.

I understand that this application does not obligate either party to engage in a business transaction in any manner.

I CERTIFY THAT THE INFORMATION IN THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

Applicant's Signature:	Date
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CERTIFICATION BY THE COMMUNITY HEAD/SUPPORTING ORGANIZATION

I agree that the named applicant should be given a startup loan and all entitlements that have to do with the MASI project. I guarantee to be fully held responsible for the applicants conduct in the business and also to refund the startup loan if the need arises.

Community Head/Supporting organization's Name: _____

Community Head/Contact person's Phone number: _____

Community Head's Signature/Contact person's name & signature _____

Date: _____