

## MINISTRY OF EAST AFRICAN COMMUNITY (EAC), LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL PROTECTION  
DEPARTMENT OF SOCIAL DEVELOPMENTAPPLICATION FORM FOR REPLACEMENT OF CERTIFICATE OF REGISTRATION FOR A  
COMMUNITY BASED ORGANIZATION (CBO)

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

**1. Basic Information on the Community Based Organization (CBO)**

Registration Number..... Certificate Number.....

Name of CBO.....

Postal Address..... Physical Address.....

Email..... Mobile.....

Website (where applicable).....

**2. Information on Replacement**

Reason(s) for replacement a) lost b) Stolen c) Spoilt d) Other

Date of last replacement (if any).....

**3. Membership of the CBO****a) Current Membership**

	Female	Male	Total
Number of members at the time of Replacement			
Number of Persons with Disabilities (PWDs)			
Number of Youth (18-35 years)			
Number of Older Persons (60+ years)			
<b>TOTAL</b>			

**b) Names of Current Office Bearers**

No	Position	Name of Person	F	M	ID/No.	Tel/Email	Signature
1.	Chairperson						
2.	Secretary						

3.	Treasurer						
4.	V/Chairperson						
5.	V/Secretary						
6.	Member						
7.	Member						

**\*Attach a separate list of all members**

#### 4. Bank Information

Name of Bank..... Branch.....

Account Name..... Account Number .....

#### 5. Asset Base

##### a) Physical Property(ies)

No	Property (ies) (e.g. land, building, livestock etc.....)	Estimated Value(Kshs)
1.		
2.		
3.		
4.		

##### b) Financial (Ksh)

Cash at hand (Ksh).....

Cash at bank (Ksh)..... (Attach Bank Statement)

#### 6. Activities currently being undertaken by the Organization /Community project

##### a) Type of Activity(ies) - tick as appropriate

Business

Community project

Crop farming

Cultural/traditional activities

- Environment Conservation
- Financial services
- Fishery
- Health care
- livestock rearing
- Poultry keeping
- Skills development
- Tourism
- Youth empowerment
- Merry-go-round
- Table banking

b) List the Main Activities

- i).....
- ii).....
- iii).....

**6. Applicants Signature**

**Position:**  Chairperson  Secretary  Treasurer  Member

Name..... Telephone.....

Signature..... Date.....

**FOR OFFICIAL USE**

**1. Approved and Recommended by the County Coordinator/ Sub-County for Social**

**Development**

Name of officer..... Title.....

Signature.....Date.....Stamp.....

## REQUIREMENTS FOR THE REPLACEMENT OF A CBO CERTIFICATE

1. A letter to the Registering Authority detailing the Reasons for seeking Replacement of the Certificate. The letter **MUST** be countersigned by the Assistant Chief /Chief of the Location/ Division or an official of the Social Development Committee.
2. Minutes declaring the Loss and Reasons for replacement Endorsed by at least 1/2 of the members **MUST** be Attached to the Application form
3. A Police Abstract.
4. Attachment of a portion of the original certificate/photocopy where Available.
5. Pay Approved Replacement fee of Ksh.5000/=.

**Note: Failure to Adhere to the above conditions will result to Non-replacement and/or De-registration.**