

SHG

REPLACEMENT

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

STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF SOCIAL DEVELOPMENTAPPLICATION FORM FOR REPLACEMENT OF A CERTIFICATE OF REGISTRATION FOR
SELF-HELP GROUPS/COMMUNITY PROJECTS

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

1. Basic Information of the Group/Community Project

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

Date of Replacement.....

Name of Group/Community Project.....

Type of Group (**Tick one**) Youth Women Men Mixed PWD Older Persons Community Project

Postal Address.....

Physical Address.....Email.....

Mobile.....

Website (where applicable).....

2. Information for Replacement

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

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

3. Membership of the Group/Community Project**a) Current Membership**

	Female	Male	Total
Number of members at the time of certificate replacement			
Number of Persons with Disabilities			
Number of Youth (18-35years)			
Number of Elder persons (60+ years)			
TOTAL			

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 Group/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 REPLACEMENT OF A GROUP/COMMUNITY PROJECT

REGISTRATION CERTIFICATE

1. A letter to the registering authority reporting the reasons for seeking replacement of Certificate.
2. List of **All** the Members duly signed with Name/Position/ID No./Telephone No. and Signatures **MUST** be attached to the replacement Form
3. Constitution
4. Minutes declaring the loss/reasons for replacement, this should be endorsed by at least 2/3 of the members.
5. A Police Abstract.
6. Attachment of a portion of the original certificate/photocopy where available.
7. Pay Replacement fee of Ksh.1, 000/=.

NOTE: Failure to **ADHERE** to the above Requirements will result to non-replacement of the Certificate or Deregistration.