WARD

**COUNTY** 



### MINISTRY OF LABOUR AND SOCIAL PROTECTION

# STATE DEPARTMENT FOR SOCIAL SECURITY & PROTECTION DIRECTORATE OF SOCIAL DEVELOPMENT

**SUB-COUNTY** 

# APPLICATION FORM FOR REGISTRATION OF SELF- HELP GROUPS AS PER THE COMMUNITY GROUPS REGISTRATION ACT, No. 30 of 2022.

**CONSTITUENCY** 

1.	Basic information of the Group
	Name of Group
	Date of Registration.
	Type of Group ( <b>Tick one</b> )
	Persons Community Project Other, specify
	Is the group a Special Interest Group? □ Yes □ No
	DivisionLocationSub-
	LocationVillage/Estate
	Year of FormationPostal AddressPhysical Address/Landmark
	Email
	Website (where applicable)
	•□Self
	<ul> <li>■Officer from Social Development Office</li> </ul>
	<ul> <li>■ Social Development Committee</li> </ul>
	•□ MDCAs , specify
	•□ CBO
	•□ NGO
	•□ FBO
	•□ NGAO □ Others. Indicate

Number of members at the ime of registration Number of Persons with Disabilities PWDs) Number of Youth (18-35 years) Number of Older Persons (60+					
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Number of Older Persons (60+					
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vears)					
3. Office Bearers: - Date elections were conducted:  Elections Venue:  Contact Address/Tel. No:  Title:	Supervis	ed By:	ed by:	Title:	
No Position Name of Pers	son F	M	ID/No.	Mobile/Email	Signatu
1. Chairperson					
2. Secretary					
3. Treasurer					
4. V/Chairperson					
5. V/Secretary					
6. Committee Member					
7. Committee Member					

**b.**Official meetings:

### 5. Group Activities

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

1.	Business
2.	Community project
3.	Crop farming
4.	Cultural/traditional activities
5.	Environment Conservation
6.	Financial services
7.	Fishery
8.	Health care
9.	Livestock rearing
10.	Poultry keeping
11.	Skills development
12.	Tourism
13.	Youth empowerment
14.	Merry-go-round
15.	Table banking
16.	Other(s)

	b) Specify your main activity.
6.	Future Plans/Activities (if any)
	i
	ii
	iii
•	7. How does the Group intend to fund its Activities (Tick as appropriate) –
	☐ Members Contributions ☐ Loans ☐ Donations ☐ Grants ☐ Others

### 8. Applicants Signature

<b>Position</b> □ Chairperson □ Secretary □ Treasurer (all officials to sign)			
Chairperson			
NameTelephone			
Signature Date			
Secretary			
Name			
Signature Date			
Treasurer			
NameTelephone			
Signature Date			

## FOR OFFICIAL USE

1. F	Recommended by
I	□Chief/ Assistant Chief (Mandatory)
	Name
	Location/Sub-location
	StampSignature
I	□Relevant Technical Ministry/Department (where applicable )
	Ministry/Department
	Name of Officer Title
	SignatureDateStamp
	Approved and Registered by County Coordinator/ Sub-County Officer for Social Development
	Name
	SignatureDateStamp

### REQUIREMENTS FOR THE REGISTRATION OF A GROUP

- 1. Name search
- 2. Minutes of the meeting seeking registration and showing elected officials <u>MUST</u> be attached to the application forms.
- 3. List of <u>All</u> members duly signed with Name/Position/Mobile. No/ID No. and Signatures <u>MUST</u> be attached to the application forms.
- 4. ID copies for all members.
- 5. Application Form **MUST** be accompanied by the Group Constitution.
- 6. Pay Approved Registration fee of Ksh.1, 000/=

#### **NOTE:**

**After Registration**, the Group **Must** adhere to the following;

- i. Renew the Certificate **Annually after the first two years of registration.**
- ii. Submit Annual Progress Reports to the Director Social Development
- iii. Allow accessibility of records to the Director Social Development upon request or when demanded to do so.

Failure to adhere to the above requirements will result to Non-registration/Deregistration.