

CBO

REPLACEMENT – INTERGRATED REFUGEE GROUP



Republic of Kenya

MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL SECURITY AND PROTECTION

DIRECTORATE OF SOCIAL DEVELOPMENT

APPLICATION FORM FOR THE REPLACEMENT OF IRG CBO AS PER THE COMMUNITY
REGISTRATION ACT NO. 30 OF 2022

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

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

Name of CBO.....

Registration/Certificate No..... Date of Replacement.....

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

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

Website (where applicable)

Information on Replacement

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

Date of last replacement (if any)

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

	Female	Male	Intersex	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)				
TOTAL				

a) Names of Current Office Bearers

No	Position	Name of Person	F	M	Refugee ID Card No./ ID No.	Nationality	Tel/Email	Signature
1.	Chairperson							
2.	V/Person							
3.	Secretary							
4.	V/Secretary							
5.	Treasurer							
6.	Member							
7.	Member							
8.	Other Members Information							

*Attach a separate list of all members

*Refugee-GOK proof of Registration No. (Individual No/ Refugee ID No.)

3. Bank Information

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

Account Name..... Account Number

KRA PIN.....

4. Asset Base

a) Physical Property(ies)

No	Property (ies) (e.g. land, building, livestock etc.....)	Estimated Value(Kshs)
1.		
2.		
3.		
4.		
5.		

b) Financial Status (Approximate Ksh).....

5. Activities currently being undertaken by the Organization /Community project

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

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

b) List the Main Activity

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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.5, 000/=.

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