

SHG**REPLACEMENT**

Republic of Kenya

MINISTRY OF LABOUR AND SOCIAL PROTECTION**STATE DEPARTMENT FOR SOCIAL SECURITY & PROTECTION
DIRECTORATE OF SOCIAL DEVELOPMENT****APPLICATION FORM FOR REPLACEMENT OF SELF- HELP GROUPS AS PER THE
COMMUNITY GROUPS REGISTRATION ACT, No. 30 of 2022.**

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

1. Basic information of the Group

Name of Group

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

Type of Group (**Tick one**) Youth Women Men Mixed Persons with disabilities Older Persons Community Project Other, specify..... Is the group a Special Interest Group? Yes NoDivision.....Location.....Sub-Location.....Village/Estate.....Year of
Formation.....Postal Address.....Physical Address/Landmark.....

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

Website (where applicable).....

a. Information for ReplacementReason(s) for replacement **a)** lost **b)** Stolen **c)** Spoilt **d)** others

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

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

Particulars	Female	Male	Intersex	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	Committee Member						
7	Committee Member						

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

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.		

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

5. Activities currently being undertaken by the Group

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) List the Main Activity

.....

6. Applicants Signature

Position: Chairperson Secretary Treasurer Member

Name.....

Telephone.....

Signature.....

Date.....

FOR OFFICIAL USE

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

Development

Name of Officer..... Title.....

Signature.....Official Stamp.....

Date.....

REQUIREMENTS FOR REPLACEMENT OF A GROUP 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. Group 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 ADHRE to the above Requirements will result to non-replacement of the Certificate or Deregistration.