SUB-COUNTY

RENEWAL



MINISTRY OF LABOUR ANDSOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL SECURITY AND PROTECTION DIRECTORATE OF SOCIAL DEVELOPMENT

APPLICATION FORM FOR THE RENEWAL OF SELF-HELP GROUPS AS PER THE COMMUNITY REGISTRATION ACT NO. 30 OF 2022

CONSTITUENCY

1.	Basic information of the	Group			
	Name of Group				
	Registration / Certificate Nun	ber	Da	ate of Renewal	
	Type of Group (Tick one)	Youth Won	nen 🗆 Men 🗆 Mixed	☐ Persons with disa	abilities
	□Older Persons □ Commun	ity Project 🗆	Other, specify		
	Is the group a Special Interest	Group? □ Ye	s 🗆 No		
	DivisionLocationPostal A		C		
	Email				

2. Membership of the Group

a) Current membership

	Female	Male	Intersex	Total
Current membership				
Number of Persons with Disabilities (PWDs)				
Number of Youth (18-35 years)				
Number of Older Persons (60+ years)				

^{*}if there are new members, attach a separate list

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

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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		

Capacity building including training Has the group been trained? (a) Yes (b) No If yes by who? -----What kind of training? How many have been trained?..... (b) Partnerships with internal and external partners Name of the partner..... Area/type of partnership...... Advice/assistance given **Impact** How has the support (Finance and material) received helped the group? How has the training/sensitization received helped the group? **Conflict management** Has the group had any type of conflict in the last one year (yes) if yes, list below.....

Type of conflict	Resolved/Not resolved	How was it resolved (if need be attach the report)	By who

How did the conflict affect the group members?.....

Membership transition:

Names and ID No of members who have left the group:-

Name	ID No.	Reason (Death/Resignation/Expulsion/Desertion)

6. 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
7.	Assistance from the Government/Other Organization(s)
	Assistance received so far
	Type (Can Tick multiple) Financial Technical Material
	Source of Assistance
8.	Achievements of the Group/Community project
	i
	ii
	iii

	i.		
	ii.		
	iii.		
10.	Lessons	Learnt	
	i.		
	ii.		
	iii.		
11.	Future j	plans	
	i.		
	ii.		
	iii.		
12.	2. Renewal Applicant's Signature		
	Position:	□ Chairperson □ Secretary □ Treasurer □ Member	
	Name		
	Telep	Telephone	
	Signa	ature	
	Date		

9. Challenges

REQUIREMENTS FOR THE RENEWAL OF A SELF-HELP GROUP CERTIFICATE

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

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

- 1. Minutes of the Meeting seeking RENEWAL of Certificate and showing the Current Officials MUST be attached to the Application Form.
- 2. List of <u>All</u> the Members duly signed with Name/Position/ID No./Telephone No. and Signatures <u>MUST</u> be attached to the Application Form.
- 3. MUST Provide Annual Progress Report of the Group
- 4. Application Form MUST be accompanied by the CONSTITUTION (if it has been revised).
- 5. Pay Approved Renewal fee of Ksh.200 for SHG

NOTE: Failure to <u>Adhere</u> to the above Requirements will result to Non-renewal of the Certificate