Revised in October, 2022

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 □ No

Division..…….....Location……Sub-Location……Village/Estate……..Year of Formation……..Postal Address……..…..Physical Address/Landmark……

Email……Mobile……

Website (where applicable)……

a. Information for Replacement

Reason(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.