



NON-GOVERNMENTAL ORGANIZATIONS CO-ORDINATION BOARD

APPLICATION FOR REGISTRATION OF NON-GOVERNMENTAL ORGANIZATION IN KENYA.

PART I

(Important notes to be read before completing the Form)

1. This form is to be completed by any organization seeking registration under the Non-Governmental Organizations Act, 1990. Applicants are therefore advised to obtain and familiarize themselves with the Non-Governmental Co-ordination Act, 1990 and the Non-Governmental Organizations Regulations 1992.
2. Application for registration will be submitted to the Executive Director, NGOs Co- ordination Board, P.O Box 44617 – 00100, Nairobi, Kenya
3. Three original application forms must be accompanied by the following:-
 - a) Personal particulars for the three top officials in the prescribed form see (Part III 1-3). Each official must complete as directed on the Form;
 - b) Three copies of the proposed organization constitution signed by the three top officials;
 - c) Two current coloured passports size photographs of the applicants;
 - d) A copy of ID for Kenyan Official and Passport for foreigners;
 - e) A notarized certificate of registration outside Kenya/incorporation in Kenya (if applicable);
 - f) A copy of minutes of the proposed organization authorizing the filling of the application;
 - g) A notification of location of the office and the postal address of the proposed organization Form 1 signed by the three top officials of the proposed organization;
 - h) The application fee payable to the Executive Director NGOs Co- ordination Board as specified in Regulation 33.
4. No organization will be allowed to operate as an NGO in Kenya without a certificate of registration issued by the NGOs Co- ordination Board
5. A registered organization will be subject to all the Laws of Kenya
6. While filing these forms the officials confirm and certify that they have read and understood the conditions and further confirm that the information they have given is true to the best of their knowledge. That untrue information would be subject to cancellation of the registration certificate.
7. This form is for the purpose of registration only (*other issues i.e. application for work permit, tax and duty exemptions will be handled separately*) but processed through the NGOs Co-ordination Board.

PART II

(To be completed by the applicant)

1. (a) Name of the proposed organization
- (b) Postal address of proposed organization
- (c) Physical address of the proposed organization (if known).....
- (d) Telephone: No (e) Cellphone No
- (f) E-mail address

2. Date and Country/State of first registration (applies if the organization has existing registration status i.e Society, CBO, Trust, Company)

a) Main objective of the proposed organization as provided for in the constitution.....

(b) Nature of proposed organization (tick appropriately)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Health | <input type="checkbox"/> Promotion of Good Governance |
| <input type="checkbox"/> Animal welfare | <input type="checkbox"/> HIV/AIDS awareness/mitigation | <input type="checkbox"/> Promotion of Human Rights |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Housing and Settlement | <input type="checkbox"/> Relief/Disaster Management |
| <input type="checkbox"/> Disability | <input type="checkbox"/> ICT | <input type="checkbox"/> Relief of Poverty |
| <input type="checkbox"/> Drug and Alcohol Addiction | <input type="checkbox"/> Microfinance | <input type="checkbox"/> Road Safety |
| <input type="checkbox"/> Education | <input type="checkbox"/> Peace building | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Population and | <input type="checkbox"/> Water and Sanitation |
| <input type="checkbox"/> Environmental Conservation | <input type="checkbox"/> Reproductive Health | <input type="checkbox"/> Welfare |

Any other (specify).....

c) Who will your organization help?

- | | | |
|---|--|--|
| <input type="checkbox"/> Caregivers for vulnerable groups(OVCs, Elderly, PLWAs) | <input type="checkbox"/> Elderly people | <input type="checkbox"/> Poor women |
| <input type="checkbox"/> Children in general | <input type="checkbox"/> Homeless people | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Children living with HIV and Aids | <input type="checkbox"/> Orphans and vulnerable children | <input type="checkbox"/> Society in general |
| <input type="checkbox"/> Commercial Sex Workers | <input type="checkbox"/> People with disability | <input type="checkbox"/> Street children |
| <input type="checkbox"/> Drug and alcohol addicts | <input type="checkbox"/> People living with HIV and Aids | <input type="checkbox"/> The poor in general |
| | <input type="checkbox"/> Prisoners and ex-convicts | <input type="checkbox"/> Youth |

Any other (specify).....

d) How does your organization operate?

- | | | |
|--|--|---|
| <input type="checkbox"/> Acts as an umbrella or network body for NGOs/CBOs | <input type="checkbox"/> Provides training to communities | <input type="checkbox"/> materials for school going children |
| <input type="checkbox"/> Makes grants to individuals | <input type="checkbox"/> Provides buildings/facilities | <input type="checkbox"/> Provides advocacy/ information/advice |
| <input type="checkbox"/> Makes grants to groups of individuals | <input type="checkbox"/> Provides services | <input type="checkbox"/> Provides food aid and other basic necessities to communities/individuals |
| <input type="checkbox"/> Makes grants to organizations | <input type="checkbox"/> Provides human resources | <input type="checkbox"/> Undertakes research |
| <input type="checkbox"/> Provides training to individuals | <input type="checkbox"/> Provides equipment / materials | |
| | <input type="checkbox"/> Provides loans to individuals | |
| | <input type="checkbox"/> Pays school fees/provide learning | |

Any other (specify).....

4. For Organizations in operation, please indicate your income for the last financial year.....

5. Financial Year of the proposed organization.....

6. Other countries of operation (where applicable).....

7. Current and planned counties of operation (specify at most five counties).....

PART III (1)

1. Personal particulars of the Chairperson

- a. Name.....
Postal Address.....
Permanent Address.....
Residential Address.....
- b. Previous Name: if any.....
- c. County.....
- d. Location
- e. Sub Location.....
- f. Telephone.....
- g. E-mail.....
- h. Date and place of Birth.....
- i. Current Nationality.....

- j. Previous Nationality.....
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. PIN Number.....
- n. Place of issue of ID/Passport.....

2. Qualifications

- a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

I certify that I have read and understood the conditions given in part I. I undertake to abide by them as required and hereby confirm that the information given by us in Parts II and III is correct to the best of my knowledge.

Name.....

Signature..... Date.....

PART III (2)

1. Personal particulars of the Secretary

- a. Name.....
- Postal Address.....
- Permanent Address.....
- Residential Address.....
- b. Previous Name: if any.....
- c. County.....
- d. Location.....
- e. Sub Location.....
- f. Telephone.....
- g. E-mail.....
- h. Date and place of Birth.....
- i. Current Nationality.....
- j. Previous Nationality.....
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. PIN Number.....
- n. Place of issue of ID/Passport.....

2. Qualifications

- a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....

d. Current Employment.....

I certify that I have read and understood the conditions given in part I. I undertake to abide by them as required and hereby confirm that the information given by us in Parts II and III is correct to the best of my knowledge.

Name.....

Signature..... Date.....

PART III (3)

1. Personal particulars of the Treasurer

- a. Name.....
Postal Address.....
Permanent Address.....
Residential Address.....
- b. Previous Name: if any.....
- c. County.....
- d. Location.....
- e. Sub Location.....
- f. Telephone.....
- g. E-mail.....
- h. Date and place of Birth.....
- i. Current Nationality.....
- j. Previous Nationality.....
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. PIN Number.....
- n. Place of issue of ID/Passport.....

2. Qualifications

a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

I certify that I have read and understood the conditions given in part I. I undertake to abide by them as required and hereby confirm that the information given by us in Parts II and III is correct to the best of my knowledge.

Name.....

Signature..... Date.....

PART IV

List of Additional Board members (*Attach separate sheet if necessary*).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.