

CBO/SH

DEREGISTRATION.**MINISTRY OF EAST AFRICAN COMMUNITY (EAC), LABOUR AND SOCIAL PROTECTION****STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF SOCIAL DEVELOPMENT****DEREGISTRATION FORM FOR A SELF HELP GROUP/COMMUNITY BASED ORGANIZATION**

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

1. Basic Information

Registration Number..... Certificate Number.....

Name of SHG/CBO/Community project.....

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

Email.....Mobile

Website (where applicable).....

2. Membership of the Group/Community Membership**Current Membership at Deregistration**

	Female	Male	Total
Number of members at the time of Deregistration			
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	ID/No.	Tel/Email	Signature
1.	Chairperson						
2.	Secretary						
3.	Treasurer						
4.	V/Chairperson						

5.	V/Secretary						
6.	Member						
7.	Member						

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

3. Bank Information

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

Account Name..... Account Number

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 (Ksh)

Cash at hand (Ksh).....

Cash at bank (Ksh).....(Attach Bank Statement)

5. Information for deregistration

Reason(s) for deregistration:-

- a) Engaging in activities outside their Constitution
- b) Group Consensus as per their constitution
- c) Merger
- d) Conflict
- e) Graduation to another status
- f) Completion of the project

g) Less than 5 members

h) Court Order

6. Agreed Assets and liabilities sharing formula

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Date of deregistration.....

7. Signatures

Chairperson

Name..... Telephone.....

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

Secretary

Name..... Telephone.....

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

Treasurer

Name..... Telephone.....

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

FOR OFFICIAL USE

1. Deregistration Approved and Recommended by County Coordinator/ Sub-County of Social Development*

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

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

2. Certificate returned to the County /Sub county Social development officer.....

Certificate Number.....

Date of Deregistration.....

REQUIREMENTS;

1. Official letter from the SHG/CBO/Community project where applicable.
2. Returns of original certificate to registration authority.
3. Minutes from SHG/CBO/Community project with reasons of deregistration signed not less than two thirds of the members.
4. List of Members names, ID Nos and Signature.