

**Checklist**

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| Details | Fill in here |
| **Name of the Society** |  |
| *List of Members and Designation*  ***(Please note under the Kenyan Societies(Cap 108), a Society is required to Have a minimum of 10 Members)( or attach list)*** | ***Designation*** |
| Objectives of the Society  **(state the main objects of the society)**  Our main objective is to create awareness by helping in formation of support groups and in doing advocacy. |  |
| Details of officials of the Society  Official 1   * Full Name(no initials) * Postal address * Occupation   Official 2   * Name * Postal address * Occupation   Official 3   * Name * Postal address * Occupation |  |
| **Registered office & address of the Society**  Osiligi building 3rd Floor, Room 302, Ongata Rongai   * Postal address |  |
| **Other Matters**   |  | | --- | | * The persons to whom membership is open…………………………………………… | | * The rates of entrance and subscription fee (if any) for membership……………………………………………………… | | * The method of suspension or expulsion of members………………………………………………….. * Committees, proposed committees (if any) (include brief explanation)…………………………………………………… * Meetings * The frequency ………………………. * quorum for meetings…………………….. * dates for general meetings…………………….. * The custody and investment of the **funds** and property of the society, and the designation of the persons responsible…………………………………………… * **Purposes for which the funds** may be used …………………………………………………………   **……………………………………………………………………**  **…………………………………………………………………………**  **……………………………………………………………………….**  **………………………………………………………………………..** | |  |
| **Payments**  **PAYMENTS CAN BE DONE IN 2 INSTALMENTS. WE REQUIRE THAT AT LEAST HALF OF THE PAYMENTS ARE DONE BEFORE THE REGISTRATION**  How do you prefer to pay?   * Bank Cheque * Electronic Transfer * MPESA |  |
| Any other comments |  |

**Client Details**

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| --- | --- |
| Name |  |
| Email |  |
| Mobile phone Number |  |