



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 REPLANET AFRICA
- (b) Postal address of proposed organization P.O. Box 19721 - 00100
- (c) Physical address of the proposed organization (if known) STARWOOD APARTMENTS
- (d) Telephone: No +254114416739 (e) Cellphone No +254737361943
- (f) E-mail address INFO@REPLANETAFRICA.NGO

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

a) Main objective of the proposed organization as provided for in the constitution MITIGATE THE IMPACT OF CLIMATE CHANGE AND PROMOTE SUSTAINABLE GROWTH

(b) Nature of proposed organization (tick appropriately)

- | | | |
|--|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Energy | <input type="checkbox"/> Population and | <input type="checkbox"/> Water and Sanitation |
| <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> The poor in general |
| | <input type="checkbox"/> Prisoners and ex-convicts | <input checked="" type="checkbox"/> Youth |

Any other (specify)

d) How does your organization operate?

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Acts as an umbrella or network body for NGOs/CBOs | <input checked="" 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 checked="" type="checkbox"/> Provides advocacy/ information/advice |
| <input checked="" 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 checked="" type="checkbox"/> Undertakes research |
| <input checked="" 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. N/A

5. Financial Year of the proposed organization JANUARY TO DECEMBER

6. Other countries of operation (where applicable) N/A

7. Current and planned counties of operation (specify at most five counties) NAIROBI, BUNGOMA TATA TAVETA, KISUMU, MDMBASA

PART III (1)

1. Personal particulars of the Chairperson

- a. Name CHARLES KIRANANI NGOME
Postal Address P.O. BOX 59857 - 00200 C/O SOPHIE KIRANANI
Permanent Address 37 - 50200, BUNGOMA, KENYA
Residential Address KHADYA, NEXT TO ONE ACRE FUND, BUNGOMA
- b. Previous Name: if any N/A
- c. County BUNGOMA
- d. Location NAMIREMBE
- e. Sub Location HAENGELEWA
- f. Telephone 0727910870
- g. E-mail CKNGOME@GMAIL.COM
- h. Date and place of Birth 20/10/1958
- i. Current Nationality KENYAN

- j. Previous Nationality H/A
 k. Nationality at Birth KENYAN
 l. Passport/ID Number 1289860
 m. PIN Number A001222567M
 n. Place of issue of ID/Passport HDM BUNGOMA

2. Qualifications

- a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To
KENYATA UNIVERSITY	DOCTORATE IN EDUCATION	1998	2002
KENYATA UNIVERSITY	MASTERS OF EDUCATION	1991	1993
MAKERERE UNIVERSITY	PGDE	1985	1986

- b. Profession/Occupation LECTURER
 c. Please indicate place and date of attainment 1986 BUNGOMA
 d. Current Employment MEMBER NEMA BOARD OF DIRECTORS

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 CHARLES KIBANANI NGOME
 Signature [Signature] Date APRIL / 8, 2024

PART III (2)

1. Personal particulars of the Secretary

- a. Name PETER GICHUKI
 Postal Address 3695-00200 C/O NIARAMBA GICHUKI
 Permanent Address 3695-00200 NAIROBI
 Residential Address SALLY APARTMENTS KASARANI
 b. Previous Name: if any H/A
 c. County NAIROBI
 d. Location CLAY CITY
 e. Sub Location CLAY CITY
 f. Telephone 0712114533
 g. E-mail PGICHUKI1@GMAIL.COM
 h. Date and place of Birth MAY 19, 1996 TAITA TAYETA
 i. Current Nationality KENYAN
 j. Previous Nationality H/A
 k. Nationality at Birth KENYAN
 l. Passport/ID Number 32725536
 m. PIN Number A008489027E
 n. Place of issue of ID/Passport KASARANI

2. Qualifications

- a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To
TECHNICAL UNIVERSITY OF KENYA	B.TECH BIOTECHNOLOGY	2014	2018
Summit Institute of Professionals	CPA PART II	2016	2018

- b. Profession/Occupation SCIENTIST
 c. Please indicate place and date of attainment DECEMBER 2018, NAIROBI

d. Current Employment STUDENT

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 PETER GICHUKI

Signature Gichuki Date APRIL 8, 2024

PART III (3)

1. Personal particulars of the Treasurer

- a. Name IAN PETER BUSUULWA
Postal Address 19687 - 00202 NAIROBI
Permanent Address RACE COURSE GARDENS, HONG ROAD
Residential Address RACE COURSE APARTMENTS
- b. Previous Name: if any N/A
- c. County NAIROBI
- d. Location DAGORETTI
- e. Sub Location RIRUTA
- f. Telephone 0114118107
- g. E-mail IANPETERBUSUULWA835@GMAIL.COM
- h. Date and place of Birth 20/10/1997 MASAKA, UGANDA
- i. Current Nationality UGANDAN
- j. Previous Nationality N/A
- k. Nationality at Birth UGANDAN
- l. Passport/ID Number A00632027
- m. PIN Number
- n. Place of issue of ID/Passport KAMPALA, UGANDA.

2. Qualifications

a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To
<u>KIT UNIVERSITY</u>	<u>MSC. BIOTECHNOLOGY</u>	<u>2020</u>	<u>2022</u>
<u>MAKERERE UNIVERSITY</u>	<u>BSC. BIOTECHNOLOGY</u>	<u>2016</u>	<u>2020.</u>

- b. Profession/Occupation PROJECT OFFICER
- c. Please indicate place and date of attainment NAIROBI, MARCH 2023
- d. Current Employment WORLD ORGANISATION FOR ANIMAL HEALTH.

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 IAN PETER BUSUULWA

Signature Busuulwa Date APRIL 8, 2024

PART IV

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

- 1. PATRICIA NANTEZA
- 2. DAISY SIMULI
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.