FORM 10 (r. 19(2); 20(1))

APPLICATION FOR REINSTATEMENT/ RESTORATION AS A PUBLIC BENEFIT ORGANIZATION

To the Director
Public Benefits Organizations Authority
P.O. Box 44617 – 00100
NAIROBI.

FROM

……..…….

…….

The …….. applies for the review of the decision of the Public Benefit Organization Regulatory Authority made on …… …… 20…… to suspend/cancel/deregister the registration of ……
as a public benefit organization under the Act for the following reasons
……
……
……
……
……
……

Signed by the chairperson

Name ……

Date ……

Signature ……. (*Office bearer)*

*(attach supportive documents if any)