FORM 3 (r. 10(1)(a))

APPLICATION FOR BESTOWMENT OF PUBLIC BENEFIT STATUS

PART 1: IMPORTANT NOTES TO BE READ BEFORE COMPLETING THE FORM

1. This form is to be completed by any organization seeking to bestowed with public benefit status
2. You can only apply to be bestowed with public benefit status if your organisation has been incorporated under a relevant law in Kenya other than the Public Benefits Organisations Act.
3. You will be required to provide evidence that your organization is in good standing and compliant with your current regulator or registrar
4. Please note that some of the information you give in this application will be publicly available in the Public Benefits Organisations Register.
5. Applicants must meet the public benefit test to be registered which requires that the organisation:
   a. It must have public benefit purposes
   b. Its activities must provide public benefit
   c. Its constitution must not allow its property to be distributed or applied for purpose swhich are not for public benefit
   d. It must not confer private benefit through its activities
   e. There should be no undue restrictions in accessing the benefits offered by the Organisation

PART 2: PARTICULARS OF THE PROPOSED PUBLIC BENEFIT ORGANIZATION

1. NAME AND GOVERNANCE STRUCTURE
   a) Name of Entity
   ……
   b) Governance Structure

   ☐ Membership ☐ Non-Membership

2. ADDRESS OF THE PROPOSED PUBLIC BENEFIT ORGANIZATION
   a) Physical Address of the proposed organization .....
   b) County .....
   c) Sub-county .....
   d) Physical address .....
   e) Postal address…… Postal code .....
   f) Organization's telephone number .....
   g) Email of the Organization .....

PART 3: LEGAL FORM OF APPLICANT

1. Under which law is your organization currently incorporated?
.....

2. Date of Incorporation-.....

3. Registration/incorporation number .....

PART 4: PUBLIC BENEFIT PURPOSES OF THE PROPOSED PUBLIC BENEFIT ORGANISATION

Public Benefit Purpose of the proposed organisation (*Your organisation's purposes are usually set out in the objects, section of your constitution. The purposes say what your organisation has been set up to achieve and reflect its broad aims rather than the day-to-day activities*).

1. Please choose any of the following activities that closely relates to your public benefit purposes.

(i) Agriculture

(ii) Children

(iii) Culture

(iv) Disability

(v) Energy

(vi) Education

(vii) Environmental &Conservation

(viii) Gender

(ix) Governance

(x) Poverty Eradication

(xi) Health

(xii) Housing &Settlement

(xiii) Human Rights

(xiv) HIV/AIDS

(xv) Information

(xvi) Informal sector

(xvii) Legal Aid

(xviii) Old Age

(xix) Peace Building

(xx) Population & Reproductive Health

(xxi) Refugees

(xxii) Disaster prevention, preparedness and mitigation

(xxiii) Relief

(xxiv) Pastoralism and marginalized communities

(xxv) Sports

(xxvi) Water and sanitation

(xxvii) Animal welfare

(xxviii) Youth

2. State your public benefit purpose as indicated in your constitution or constituting document

……
.....
.....

3. Please list your specific objectives ((Ensure that they contribute directly to the main objective)

a) ----------

b) ----------

c) ----------

4. Who are your beneficiaries ☐ Public ☐ Section of the public

(a) If your beneficiaries are a section of the public, please list them

(i) Children

(ii) The Elderly

(iii) Youth

(iv) Commercial sex workers

(v) Drug and alcohol addicts

(vi) Homeless people

(vii) Orphans and Vulnerable children

(viii) Persons with disability

(ix) Refugees

(x) Street Children

(xi) The Poor

(xii) Youth

(xiii) Prisoners and ex-convict

(xiv) People living with HIV/AIDs

(xv) Caregivers for vulnerable groups (OVCs, Elderly, PLWAs)

(xvi) Others not listed here (please specify)

(b) Do you intend to charge fees for your services? Yes, or No *(please note that charging fees is considered as a restriction on access to services)*

(c) If the Organization charges fees are there any concessions for those who cannot pay the fees?

.....

(d) What are the services for which the Organization charges fees?

.....

PART 6: GEOGRAPHICAL AREAS OF OPERATION

1. Where do you intend to operate in Kenya (State your Counties of operation).

……..……

2. Will you organization operate from Kenya to deliver programmes in other countries? Yes /No

……..……

3. If the answer is yes to Question 2 above then please list the countries

……
……
……

PART 7: FINANCIAL YEAR

Indicate financial year (*this is a 12-month period for example January to December)*

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PART 8: PARTICULARS OF DIRECTORS AND OFFICIALS (Please note that the organization must have a minimum of five directors to be registered)

1. Chairperson

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

2. Treasurer

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

3. Secretary

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

4. Director/official

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

5. Director/official

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

6. Director/official

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

7. Board Member

Name .....

Gender .....

Year of birth .....

Nationality .....

ID/Passport No. .....

KRA pin .....

Phone number .....

Email .....

Signature .....

DATA PROTECTION STATEMENT

Any information you provide will be held securely and in accordance with Article 31 of the Constitution of Kenya and the statutory laws on data protection. Selected information will appear on the Public Benefits Organizations Register in accordance with Section 15 of the Public Benefits Organizations Act.

The Authority, in compliance with Section 25 (5) of the PBO Act 2013, shall ensure that the activities of public benefit organizations are open and accessible to scrutiny by their

respective stakeholders upon request, except for personal matters and proprietary information.

DECLARATION

It is an offence to give an answer that you know is untrue or misleading.

I certify that the information entered in this form is correct to the best of my knowledge.

Signed by the Chairperson/Secretary

Name .....

Designation .....

Date .....

Signature .....