FORM 10(a) (r. 20(1))

REPUBLIC OF KENYA

Public Benefit Organizations Regulatory Authority

APPLICATION FOR REINSTATEMENT AS A PUBLIC BENEFIT ORGANIZATION

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

FROM

……

……

The ..... applies for the review of the decision of the Public Benefit Organizations Regulatory Authority made on .....20..... to suspend the registration of ..... as a Public Benefit Organization under the Act for the following reasons:

1. .....
2. .....
3. .....
4. .....

Signed by the Chairperson

Name.....

Date.....

Signature.....(*Office bearer*)

*(*attach supportive documents if any)*

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