

CONFIDENTIAL

THE CERTIFIED PUBLIC SECRETARIES ACT  
(Cap. 534)

REGISTRATION OF CERTIFIED PUBLIC SECRETARIES BOARD (KENYA)  
APPLICATION FOR RE-REGISTRATION

The Registrar,  
Registration of Certified Public  
Secretaries Board,  
P. O. Box 58218,  
Nairobi.

1. Surname (Mr./Mrs./Miss) .....
- Other Names .....
- Professional Affixes .....
- Postal Address .....
- Residential Address .....
- Telephone Numbers (Office) ..... House .....
- Fax ..... E-mail Address.....
- Nationality .....
- Date of Birth .....
2. State: (i) Your previous registration number with the Board .....
- (ii) Date of registration .....
3. Briefly state reasons for de-registration .....
- .....
- .....
- .....
- State the Gazette notice number and date of your de-registration .....
- .....
4. I, the above named, hereby apply to have my name reinstated in the register of Certified Public Secretaries of Kenya.
5. I enclose a cheque/banker's draft for Ksh. .... in payment of the re-registration fee which I understand is non-refundable.
6. Also appended is a letter of reference ..... dated .....
- ..... from the Institute of Certified Public Secretaries of Kenya,  
recommending my reinstatement in the Register of Members

**7. Declaration**

I declare that the foregoing statements are true in every respect, and further acknowledge that any statement contained anywhere in this application which is known by me to be false shall invalidate this application and any decision reached thereon by the Board.

I further declare that I have read the Certified Public Secretaries Act (Cap. 534) and I am aware of the penalties stipulated in section 19(5) of the Act.

Applicant's Signature ..... Date .....

Re-application No.....	Receipt No.....	Date .....
Date received .....	Date of Board meeting .....	
Gazette notice No. ....	Board's decision .....	
(De-registration) .....		
Date .....		
<b>Signed</b> .....	<b>Date</b> .....	
<i>Registrar</i>		