

THE CERTIFIED PUBLIC SECRETARIES OF KENYA ACT

(Cap. 534)

REGISTRATION OF CERTIFIED PUBLIC SECRETARIES BOARD, KENYA

APPLICATION FOR REGISTRATION

THE REGISTRAR,
REGISTRATION OF CERTIFIED PUBLIC SECRETARIES BOARD,
P. O. Box 58218,
NAIROBI.

- 1. Surname (Mr/Mrs/Miss/Ms/Dr/Prof).....
(BLOCK LETTERS)
- Other Names.....
(BLOCK LETTERS)
- University and / or Professional affixes.....
- Postal Address.....
- Residential Address.....
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- Email Address.....
- Telephone No. Office.....Mobile.....
- Date of Birth (see note 3).....
- Nationality.....

Have you previously applied to the Board for Registration? YES? NO

If yes, state date(s) of previous application(s).....

- 2. I, the above-named, hereby apply to have my name as stated above entered in the Register of Certified Public Secretaries of Kenya.
- 3. I enclose a banker’s cheque/ personal/ company cheque for KSh.....in payment of the prescribed registration fee which I understand is not refundable (*see Note 5*)

PERSONAL PARTICULARS

(All particulars set out in numbers 4-11 must be completed and the declaration at number 12 signed)

4. EDUCATION BACKGROUND

<i>School, University or Other Institution</i>	<i>From</i>	<i>To</i>	EXAMINATIONS PASSED			
			<i>Name of Examining Body</i>	<i>Degree, Diploma, Certificate awarded (see note 6)</i>	<i>Class/Division attained</i>	<i>Year</i>

5. PROFESSIONAL SECRETARIAL AND ADMINISTRATIVE EXAMINATIONS.

<i>Name of Examining Body</i>	<i>Registration No.</i>	<i>Sections, Stages, Parts Passed/Exempted (see note 7)</i>	<i>Date Passed/Exempted</i>	<i>Remarks</i>

6. (a) PROFESSIONAL EXPERIENCE AND PRACTICAL TRAINING *(see note 8)*

<i>Name and Address of Organizations</i>	<i>From</i>	<i>To</i>	<i>Position Held</i>	<i>Description of Responsibilities</i>

(b) CPD CREDIT HOURS *(where applicable)*

I have attended various programmes organized by the Institute of Certified Public Secretaries of Kenya – ICPSK as shown here below and acquired the requisite CPD Credit hours.

<i>Training Programme</i>	<i>Date of Event</i>	<i>CPD Credit Hours attained</i>

7. OTHER QUALIFICATIONS *(specify with dates)*

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I am a member of the following institutions:

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8. HONOURS/DISTINCTIONS RECEIVED

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9. ARTICLES/PUBLICATIONS WRITTEN

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.....

10. Have you ever been convicted on any criminal offence in a court of law? If yes give details.

(a) Offence for which convicted.....

.....
.....

(b) Date and place of conviction.....

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.....

(c) Sentence imposed.....

.....

11. Are you ordinarily in Kenya? YES/NO

If Yes, state from what date.....

12. I declare that the foregoing statements are true in every respect and that none of the disqualifications listed in section 21 of the Act, apply to me. I 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 have read the Certified Public Secretaries of Kenya Act Cap. 534. I am aware of the penalties stipulated in section 19 (5) of the Act and I understand that, if registered, I shall be bound thereby and by any amendments thereto so long as my name remains in the Register.

Applicant's Signature.....

Date on the.....20.....

FOR OFFICIAL USE ONLY

Application No.....	Date Received.....
Date Acknowledged.....	Receipt No..... Date.....
Approved/Rejected Minute No.....	Deferred Minute No.....
Date Notification sent.....	Registration No.....
Gazette Notice No.....	Chairman's Signature.....
Certificate Dispatched.....	Date.....
Certificate Acknowledged.....	Member's Signature.....
Registrar's Signature.....	Date.....
Date.....	