



# **BUDUDA DISTRICT**

## **COMMUNITY BASED ORGANISATIONS REGISTRATION**

No. **BDD/1652**

### **CERTIFICATE OF REGISTRATION**

I hereby certify that **COMMUNITY DEVELOPMENT PARTNERS (CDP)**

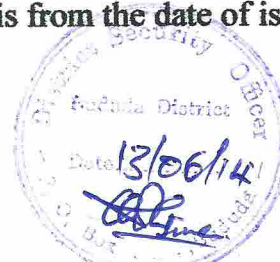
of

**BUDUDA HOSPITAL QUARTERS CELL, BULOLI WARD,  
BUDUDA TOWN COUNCIL** has this **20<sup>TH</sup>** day of **May 2014**

This Certificate is subject to the following conditions/directions:-

- a) The Organization will operate within its respective counties.
- b) Will carry out development programmes for marginalized groups i.e. Women, Youth, Children, People with Disability and Elderly.
- c) The Organization will be managed by Office Bearers elected by its members.
- d) This Certificate will be renewed on annual basis from the date of issue.

Signed this **20<sup>th</sup>** Day of **May 2014**:



RESIDENT DIST. COMMISSIONER / D.I.S.O