



MINISTRY OF LANDS, PUBLIC WORKS, HOUSING AND URBAN DEVELOPMENT

STATE DEPARTMENT FOR LANDS AND PHYSICAL PLANNING

Telegrams "MOLPWHUD", Nairobi
Telephone: Nairobi 2718050
When replying please quote
MOLPWHUD

ARDHI HOUSE
1st NGONG AVENUE
OFF NGONG ROAD
P.O.BOX 30450
NAIROBI

Date: 15th APRIL, 2024

(TO BE COMPLETED IN DUPLICATE)

The Principal Secretary
State Department of Lands & Physical Planning
P.O Box 30450
NAIROBI

Thro'

The DEPUTY DIRECTOR ICT
NAIROBI

CLEARANCE CERTIFICATE

Full names IAN WACHURI GICHUKI

Designation ICT INTERN

P/No. 20230086436

Department ICT

Station NAIROBI

REASONS FOR LEAVING THE MINISTRY

Retirement

Resignation

Dismissal

Death

Transfer of Service

Ministerial transfer

Effective Date 4th APRIL 2024

OFFICER LEAVING THE SERVICE

1. I certify that to the best of my knowledge I do/do not owe any money, stores or materials, which were under my charge in my place of work (state nature of liabilities).

NO LIABILITY

Signature [Signature]

Date 15th APRIL, 2024

HEAD OF STATION/SECTION

2. I certify that the above named officer Has/Has no/ the following Government Liabilities/Liability.

NK

Name

Official Stamp

Signature

Date

20 APR 2024

25-4-2024

ICT HEAD
NAIROBI

HEAD OF DEPARTMENT

3. I certify that the above named officer has no/has the following Government Liabilities/Liability.

Name

Official stamp

Signature

Date

COMMENTS BY VARIOUS SECTIONS

4. Human Resource Officer Salaries Section.

I certify that the above named officer has no/has the following Government Liabilities/Liability.

Name

Designation

Official stamp

Signature

Date

Date

5. Principal Accounts Controller

I certify that the above named officer has no/has the following Government Liabilities/Liability.

Name

Official stamp

Signature

Date

6. Officer In-Charge (ICT) Section

I certify that the above named officer has no/has the following Government Liabilities/Liability.

Name

Official stamp

Signature

Date

7. Officer In-Charge Library Section

I certify that the above named officer has no/has the following Government Liabilities/Liability.

Name

Official stamp

Signature

Date

8. Head, Human Resource Management

I certify that the officer has not/has surrendered His/her Staff Identification Card and V.I.P Lift Key (where applicable)

Name

Official stamp

Signature

Date

CLEARED/NOT CLEARED