

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

MOLPWHUD	NAIROBI
	Date: 27/01/2025
(TO BE COMPLE	TED IN DUPLICATE)
The Principal Secretary State Department of Lands & Physical Planning P.O Box 30450 NAIROBI	
Thro'	
TheNAIROBI	
CLEARANCE CERTIFICATE	
Full names ARNOLD OMONDI MISACH	
Designation PLANNER Department PHYSICAW PLANNING	P/No. 20220010344
Department PHYSICAW PLANNING	Station KAJI MOO
REASONS FOR LEAVING THE MINISTRY	
Retirement Resignation Dismissal Death Transfer of Service	
Ministerial transfer Effective Date END OF INTERNSHIP	7/2/2023
OFFICER LEAVING THE SERVICE	
I certify that to the best of my knowledge I do/do not owe a were under my charge in my place of work (state nature of l.)	ny money, stores or materials, which iabilities).
Signature '	Date 27 01 2025
HEAD OF STA	ATION/SECTION

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ne uvor	(fus)	W + Phus.	Signature	UNI	1	
icial Stamp		AN ADOL	Date	24	1311	72
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HEAD OF DEPARTMENT

3. I certify that the above named officer has no has the following Government Liabilities/Liability.
TOR OF THIOIDAL PLANNI
Name CAR MEDIS L. RASSON (10) Signature Steppen SIP
Official stamp * Fax: 717523 * Date 28 2025
Onicial stamp
COMMENTS BY VARIOUS SECTIONS 18081.
4. Human Resource Officer Salaries Section/
I certify that the above named officer has no/has the following Government Liabilities/Liability.
FOR PRINCIPAL SECRETARY
Name + ATE PER MENT COLORS Signature HASICAL SIGNATURE LANDS
Designation A 2 MONNING Date 28 0 16 20 25 00100, NAIROBI
Official stamp Date
VIC WORKS, HOUSING AND SERVICE
5. Principal Accounts Controller RECEIVED RECEIVED
I certify that the above named officer has no/has the following Government Liabilities/Liability.
OSA GOVE Mability 2 (18) JAN LOLD
Name Your N. Macrona Signature Signature
Official stamp Date SINIII + INJINIII
6. Officer In-Charge Her Rection F LAN
I certify that the bove many of its plant to bas the following Government Liabilities/Liability.
Name Ne De 28 JAN 2025 Chien Signature Signature
Name
Official stamp ICT HEAD Date Date
NAIROBI
7. Officer In-Charge Library Section
I certify that the above named officer has no/has the following Government Liabilities/Liability.
LOUIS RECEIVED
Name Green Jugana Komon Signature Official stamp = 28 12 2020 Date 28 25
Olitera 20 Shirt
POLICY RECORDS UNIT
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)
STATE DEPARTMENT HOR LANDS
Name Signature Signature Signature
Offic al stamp Box 30450 - 00100, NAIROBI Date 28 101 1-20-00100, NAIROBI
CI PARENCE CI PAREN
CLEARED/NOT CLEARED
Signature Date 28 05 2025
FOR: PRINCIPAL SECRETARY