

The parties to this contract are the Attachment Provider, the Attachee and the Training Institution

PART A. To be signed by the Attachee

Name (as it appears in ID Card) Elizabeth Muthoni Momanyi
ID Card No (attach copy) 25996541 College Adm No. 0912/60750109
Gender Female Telephone No 0728430716
Postal Address 199 Code Town Njoro
Course of Study B.COM Finance Level of Training Degree
Signed by the said attachee Muthoni Date 04/05/2012
Duration of Attachment: No of Months From To:

Insurance Details: Company Peace Insurance Co. Policy No. (Attach Copy) 02067011000531/2012

The above named agrees to serve the attachment provider as an attachee for the term of the attachment in order to learn the trade and gain practical exposure in the relevant skill area

PART B. To be signed by the Training Institution

Name of Institution EGERTON UNIVERSITY (NAKURU TOWN CAMPUS)
Postal Address 13357 Code 20100 Town NAKURU
Physical Address (Street/Rd) Region NAKURU
Telephone: 051-2215648 Email: ntc@egerton.ac.ke Fax: 051-2214788
Name of ILO/ Placement Coordinator: Francis Mwangi Tel: 0728145492

Signed by (Name) F. Mwangi Designation FACULTY ADMINISTRATION
(Principal/Dean/HoD/ILO/Placement Coordinator/Any other)

Signed and Stamped Date 4/5/12

PART C. To be signed by the Attachment Provider

Name of Attachment Provider
Postal Address Code Town
Physical Address (Street/Rd) Region
Telephone: Email: Fax:
Name of Officer in charge of Training Tel:
Signed by (Name) Designation
(MD/General Manager/HRM/Any Other)
Signed and Stamped Date

PART D. For DIT use only.

Recommended ☐ Not Recommended ☐

Name of Officer Designation
Signature Date
Approved ☐ Not Approved ☐

Director of Industrial Training
Date