

THE REGISTRATION OF BUSINESS NAMES ACT, CAP. 499



STATEMENT OF PARTICULARS


(Please read carefully the notes overleaf)

- 1. Business name: **BN-6ASY66BA**
- 2. Nature of business: **COLLEGES/INSTITUTES/POLYTECHNICS**
- 3. Address of the principal place of business:

Nairobi	Embakasi District	Embakasi	105/14755	RUAI	Floor: GROUND , Door: 1	+254721578254

- 4. Postal address: **P.O. BOX 00202 - 00202 - KENYATTA N.HOSPITAL**

- 5. Particulars of proprietor or partners

Full Name	Nationality and Citizenship	Date of Birth /Registration Date	Gender	Usual Place of Residence	Other Business Or Occupation	Signature
HILDA WANJIKU MUIRURI	Kenya	15 July 1969	Female	County: Kajiado District: kajiado North District Locality: Ongata Rongai Building: umeme Street: umeme Floor: Room:	psychologist	

STATUTORY DECLARATION

(Under section 7)

(to be made only in cases where all partners do not sign above statement) I,**Hilda Wanjiku Muiruri**..... of.....**10045945**..... do solemnly and sincerely declare that the particulars set out herein are true and correct and I make this declaration conscientiously believing the same to be true and according to the Oaths and Statutory Declarations Act. Declared at..... This.... day of**18/06,2024** **BEFORE ME**

Signature _____
Magistrate or commissioner for Oaths