THE REGISTRATION OF BUSINESS NAMES ACT, CAP. 499



STATEMENT OF PARTICULARS

(Please read carefully the notes overleaf)

- 1. Business name: BN-795EK2
- Nature of business: Service Providers
 Address of the principal place of business:

٥.	Address of the principal place of business.							
	County	District	Locality	Building/Plot No/House Number	Street	Floor/Room	Phone Number	
	27	126	599	Kakrao-Chamkombe Village	Kisii-Sirare Highway	Floor: Chamkombe, Door: Chamkombe	+254723047863	

4. Postal address: P.O. BOX 1184 - 40400 .

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
ERICK OTIEN MANG		05/01/1978	Male	27, 126, 599, Kakrao- Chamkombe Village, Kisii-Sirare Highway	Analytical-theoretical researcher / Publc lectutere and Private medical-geneticist contractor / Counselor	THE STATE OF THE S

STATUTORY DECLARATION	
(Under section 7)	
\ (to be made only in cases where all partners do not sign above statement)	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 a Declarations Act, Declared at This day of20	nd Statutory
Declarations Act. Declared at This day or,20	
BEFORE ME	

Magistrate or commissioner for Oaths