

THE KENYA GAZETTE

SPECIAL ISSUE

KENYA GAZETTE SUPPLEMENT NO 41 6TH APRILL,2020 KENYA SUBSIDIARY LEGISLATION 2020

SCHEDULE 1

FORM 1

I.....of national identity
number.....and telephone
number.....hereby certify that our employees
named below provides.....service
being a service exempted under rule 4(1) of the public Health (COVID 19) Restriction of
movement persons and related measures)Rules 2020

FULL EMPLOYEES NAME	
NATIONAL IDENTITY CARD NUMBER	
RESIDENTIAL AREA AND DETAILS (ESTATE LOCATION STREET)	
JOB DESCRIPTION	
TELEPHONE NUMBER	
PURPOSE OF THE TRIP	
ASSIGNED MOTOR VEHICLE REGISTRATION NUMBER	
ORIGIN AND DESTINATION OF THE VEHICLE	
NATURE CARGO	

SIGNED ATON THISOF2020

Institution/business entity.....

Physical address.....

Postal address P.o box.....

Office telephone number.....

Signature of authorized officer

Official stamp of institution.....