KASNEB

KASNEB Towers, Hospital Road, Upper Hill, P.O. Box 41362 – 00100 Nairobi, Kenya
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Fax: 254(020) 2712915 Email: info@kasneb.or.ke Website: www.kasneb.or.ke

ANNUAL REGISTRATION RENEWAL FORM

1. Personal details

(a) Registration number _____ **Examination** _____

(b) Name

LAST NAME	FIRST NAME	MIDDLE NAME(S)

2. Registration renewal fee for the period

	Sh.
1st July _____ to 30th June _____	_____
Registration reinstatement fee (payable by students with arrears of more than 3 years)	_____
Total	_____

3. Payment details

I enclose cash/cheque/money order/bank deposit slip No. _____ for Sh. _____ in respect of annual registration renewal fee. Please note that the annual registration renewal form shall be retained by the bank if payment is made through the bank.

4. Please indicate your current address

C/o _____ P.O. Box _____ Code _____

Town/City _____ Country _____

Email _____ Cellphone _____ Telephone _____

5. Declaration by the applicant

I hereby certify that to the best of my knowledge all the information I have provided on this form is true and correct and I agree to abide by the Examination Rules and Regulations of KASNEB.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Receipt No. _____

Amount (Sh.) _____

Signature _____

Date _____