

P-S 1020

CAP. 164

CERTIFICATE OF INCORPORATION

**DAUGHTERS OF OUR LADY QUEEN OF THE
HOLY ROSARY (SISTERS P.R.R)
REGISTERED TRUSTEES**

DRAWN BY:

**M. N. RIUNGU (M RS)
SENIOR REGISTRAR OF TITLES
P. O. BOX 30089
NAIROBI**

THE REPUBLIC OF KENYA
CERTIFICATE OF INCORPORATION
UNDER
THE TRUSTEES (PERPETUAL SUCCESSION) ACT
CHAPTER 164

I, **PROF. KIVUTHA KIBWANA**, Minister for Lands of the Republic of Kenya do hereby **GRANT** this Certificate of Incorporation under the name "**DAUGHTERS OF OUR LADY QUEEN OF THE HOLY ROSARY (SISTERS P.R.R.) REGISTERED TRUSTEES**", to:

1. **MARY BENEDICTIS GROMANG**
2. **MARY YUSTINE KRAENG**
3. **MARY ELISA EDANGWALA**
4. **MARY YOSEFTINE TORON**
5. **MARY DOLOROSA ATAWOLO**

All of care of Post Office Box Number **194, OYUGIS** and who were duly and properly constituted Trustees by a Council Meeting held on **17th February, 2001**.

2. Each of the said trustees shall hold office subject to the terms and limitations contained in the Trust Deed of the body corporate.
3. The appointment of every new Trustee shall be certified to me in writing under the hands of the remaining trustees and further within one month after expiration of each period of one year after the date of this Certificate (or whenever required by me a return shall be made to me by the then Trustees of the names of the Trustees at the expiration of each such period with their residences and descriptions.

Certificate Date : 25/11/2016

Personal Identification Number

P051148062B

This is to certify that taxpayer shown herein has been registered with Kenya Revenue Authority

Taxpayer Information

Taxpayer Name	DAUGHTERS OF OUR LADY QUEEN OF THE HOLY ROSARY (SISTERS P.R.R)
Email Address	PRRSISTER@GMAIL.COM

Registered Address

L.R. Number :	Building : Daughters of Our Lady Queen of The Holy Rosary
Street/Road : Mombasa Road	City/Town : Nairobi
County : Nairobi	District : Embakasi District
Tax Area : Embakasi	Station : East of Nairobi
P. O. Box : 299	Postal Code : 00518

Tax Obligation(s) Registration Details

Sr. No.	Tax Obligation(s)	Effective From Date	Effective Till Date	Status
1	Income Tax - Company	06/09/2006	N.A.	Active
2	Income Tax - PAYE	31/12/2012	N.A.	Active

The above PIN must appear on all your tax invoices and correspondences with Kenya Revenue Authority. Your accounting end month is December unless a change has been approved by the Commissioner-Domestic Taxes Department. The status of Tax Obligation(s) with 'Dormant' status will automatically change to 'Active' on date mentioned in "Effective Till Date" or any transaction done during the period. This certificate shall remain in force till further updated.

Issue Date : 18-Feb-2021

Serial No.003632



THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(Cap. 253)

CERTIFICATE OF REGISTRATION AS A MEDICAL INSTITUTION

REINHA ROSARY MISSION HOSPITAL

Institution Name

P.O.Box 716 00518 NAIROBI

Postal Address

NAIROBI

County

Private

Ownership

LEVEL 4

Institution Level

FAITH BASED LEVEL 4 HOSPITAL

Institution Type

Has been registered as a medical institution in accordance with rule 4(3) of the Medical Practitioners and Dentists (Medical Institutions) Rules.

Dated this 17th March 2014.

Dr. Eva W. Njenga, MBS
Chair

Kenya Medical Practitioners and Dentists
Council



Daniel M. Yumbya, MBS
Chief Executive Officer/Registrar

Kenya Medical Practitioners and Dentists
Council

Footnotes:

1. It shall be the duty of the holder of this certificate to inform the Registrar within 14 days of any change in the registered address in accordance with section 5 of the Medical Practitioners and Dentists (Medical Institutions) Rules.

/PW



(r. 4 (3))

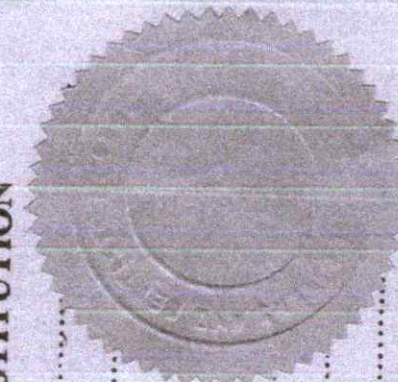
No. 3832
Serial No.

FORM X

MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

CERTIFICATE OF REGISTRATION AS A PRIVATE MEDICAL INSTITUTION
REINHA ROSARY HEALTH CENTRE



1. Name of Institution
P.O. Box 299 - 00518 NAIROBI
Type HEALTH CENTRE

has been registered as a Private Medical Institution in accordance with rule 4(3) of the Medical Practitioners and Dentists (Private Medical Institutions) Rules.

Dated this day of 14TH NOVEMBER 20 14

Seal of the board

PROF. GEORGE A. O. MAGOHA, EBS.MBS

Chairman M.P. and D. Board

Muraguri

DR. NICHOLAS MURAGURI, OGW, MBCHB, MPH, M&A

Registrar M.P. and D. Board/D M.S.

Footnotes:

(a) It shall be the duty of the holder of this certificate to inform the Registrar within 14 days of any change in the registered address in accordance with 5 of the Medical Practitioners and Dentists (Private Medical Institutions) Rules.



MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT
(Cap.244, Sub. Leg.)
(The Pharmacy and Poisons Rules)

PREMISES REGISTRATION CERTIFICATE FOR PHARMACEUTICAL TECHNOLOGIST'S PRACTICE

Name of Premises **REINHA ROSARY MISSION HOSPITAL UTAWALA**

Registration No of Premises **PPB/R/1148**

Location of Premises

Town **Utawala**

Street **UTAWALA GITHUNGURI ROAD**

Plot No. **Plot No. 7340/28/3**

Name of pharmaceutical
technologist **HONGO OGWENO ARISTIDE**

ID No **32330303** Enrollment No **11493**

Has met the necessary conditions for the business of a pharmaceutical technologist to be carried therein

23rd January, 2023

BU202303845

Date

Licence No

- Note:
- (i) This Registration expires on **31st December, 2023**
 - (ii) No change of premises is permitted without authority of the board.
 - (iii) This registration shall become void upon expiration of 30 days from any change of ownership of the business.





MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT
(Cap.244, Sub. Leg.)
(The Pharmacy and Poisons Rules)

ANNUAL PRACTICE LICENCE AS A PHARMACEUTICAL TECHNOLOGIST



Practitioner Details

Licence No: PT2023D02840

Name	HONGO OGWENO ARISTIDE
ID Number	32330303
Enrollment Number	11493
Renewal Date	23rd January, 2023
Superintendent	YES
Premise	REINHA ROSARY MISSION HOSPITAL UTAWALA
Premise Address	Postal Address: Plot No: 7340/28/3 Utawala

The above named person is hereby licensed to practise as a Pharmaceutical Technologist in accordance with the Pharmacy and Poisons Act.

Note:

1. This Licence is valid upto **31st December, 2023**, subject to compliance with the provisions of the Act.
2. For superintendents, no change of premises is permitted without authority of the Pharmacy and Poisons Board

GENUINE OR
GENUINE OR
ORIGINAL OR
GENUINE OR
ORIGINAL OR



REPUBLIC OF KENYA
MINISTRY OF HEALTH

THE KENYA MEDICAL LABORATORY
TECHNICIANS AND TECHNOLOGISTS BOARD

(MLTT ACT No. 10 of 1999)

SN: 4453

CERTIFICATE OF PRIVATE LABORATORY REGISTRATION

This is to certify that

REINHA ROASARY HEALTH CENTRE

Situated at

UTAWALA-GITHUNGURI ROAD, UTAWALA GITHUNGURI, NAIROBI

is registered and authorised to operate as class E Laboratory by the
Board in conformity with the provisions of the Act.

This certificate is issued under the seal of the Board.

DATE OF ISSUE 1ST AUGUST 2022

REG. NO. G2767

RECIPIENT'S SIGNATURE

REGISTRAR

CHAIRMAN



FOR SPECIAL CONDITIONS OF ISSUE SEE OVERLEAF



**KENYA
NUCLEAR
REGULATORY
AUTHORITY**

Safe, Secure and Peaceful Use of Atomic Energy

Serial No. **11748**

LICENCE/CERTIFICATE

File Ref. No. **KNRA/NRB/534**

Authorization Ref. No.

This Licence/Certificate is Granted to **REINHA ROSARY MISSION HEALTH CENTRE**

Company Reg. No/ID No **3832/14/11/2016** Authority Reg. No. **NRB/534**

Tel. No. **0700900413**

For the purpose of **POSSES AND USE GENERAL X-RAY UNIT**

MAKE: MEDX S/No: 6140505

MODEL: 632DV

At (physical location) **X-RAY ROOM**

Validity of Licence/Certificate:

(Delete (i) or (ii) below as appropriate)

(i) Interim Licence/Certificate **N/A**

(ii) This licence is valid from **1ST JULY 2023** to **30TH JUNE 2024**

(iii) Issued this **1ST** day of **JULY** Year **2023**

Issuing Officer:



[Signature]
Director General

Official Stamp/Seal

This Authorization is issued pursuant to Part IV of the Nuclear Regulatory Act No. 29 of 2019 - Laws of Kenya.

See overleaf for condition (a)



No: X9870481
Date: 21/09/2021

Certificate of Compliance

THIS IS TO CERTIFY THAT
REINHA ROSARY CLINIC

OF CODE **58028** IS COMPLIANT IN RESPECT TO PROVISIONS OF THE NHIF
ACT No.9 OF 1998
FOR THE PERIOD UP TO AND INCLUDING **31/12/2021**.

*THIS CERTIFICATE HAS BEEN ISSUED BASED ON THE AVAILABLE INFORMATION AT
THE TIME OF ISSUE AND NHIF RESERVES THE RIGHT TO WITHDRAW THE CERTIFICATE
IF NEW EVIDENCE ALTERS THE COMPLIANCE STATUS.*

*DISCLAIMER: THIS CERTIFICATE IS SYSTEM GENERATED AND DOES NOT REQUIRE A
SIGNATURE.*

To confirm the authenticity of this certificate, you can use NHIF's sms enquiry service
by texting the following to 21101: CC X9870481



THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(Cap. 253)

LICENCE TO OPERATE AS A PRIVATE MEDICAL INSTITUTION

Institution Name **REINHA ROSARY MISSION HOSPITAL** / **003632**
RegNo

P.O. BOX 716 00518 NAIROBI

full address

Is hereby licensed to operate a Private Medical Institution In Accordance With the Provisions of Rule(5) of the Medical Practitioners and Dentists (Medical Institutions) Rules. This Licence Entitles the Medical Institution To Operate As a:

PRIVATE LEVEL 4 FAITH BASED LEVEL 4 HOSPITAL

in Medical Institutions:

LEVEL 4

Authorised County for the Institution

NAIROBI

Authorised Premises for the Institution

Plot No. 7340/28/3 UTAWALA GITHUNGURI ROAD

Maximum number of In-patients **53**

This Licence Shall Expire on the Last Day of **December 2024**

No Change of Premises is Permitted Without the Authority of the Council.

Dated This **17th day of October, 2023**



Dr. David Kariuki

Chief Executive Officer/Registrar
Medical Practitioners and Dentists Council

CONDITIONS OF LICENSE:

1. This Licence is issued on condition that minimum requirements set by the Council for operation of the Private Medical Institution are adhered to at all times

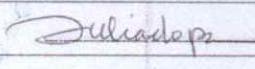



Reinha Rosary Mission Hospital

Githunguri - Ruai, P.O Box 716-00518 Kayole.

Tel No. 0701413679/ 0785694700

Email: reinharosaryhospital@gmail.com

ACCOUNT PAYEE NAME	REINHA ROSARY HEALTH CENTRE
BANK NAME	EQUITY BANK
BANK BRANCH NAME	KAYOLE
BANK CODE	68
BRANCH CODE	065
ACCOUNT NUMBER	0650295011797
KRA PIN	P051148062B
BUSINESS POSTAL ADDRESS	716-00518
PHYSICAL LOCATION	KAYOLE-NAIROBI
MOBILE NO & LANDLINE	0725089230/011403357
ACCOUNTS EMAIL ADDRESS	reinharosarydispensary@gmail.com
SIGNATURE - ACCOUNT SIGNATORY	
	

**REINHA ROSARY MISSION
HOSPITAL**
06 OCT 2023
COMPANY STAMP/SEAL
P. O. Box 716 - 00518
NAIROBI

Reinha Rosary Mission Hospital



To,

REINHA ROSARY HEALTH CENTRE
P.O.BOX 716
NAIROBI
KE
00518

Branch ID : 065
Customer Name : REINHA ROSARY HEALTH CENTRE
Product Name : CAA
Currency : KES

Account Statement 0650295011797

Statement Period (From 01-09-2023 To 12-10-2023)

Tran Date	Value Date	Tran Particulars	Instrument Id	Debit	Credit	Balance
					100,000.00	4,091,514.24



PACIS INSURANCE CO. LTD.
Pacis Centre, 4th Flr, Waiyaki Way, Westlands
P. O. BOX 1870 , 00200 - NAIROBI
Telephone:254730677000
E-mail:info@paciskenya.com

INSURED:

RENEWAL NOTICE

REINHA ROSARY HEALTH CENTRE
P.O. BOX 716-00518 NAIROBI - KENYA

Class: 053-PROFESSIONAL INDEMNITY
New Policy No: 010/0053/000482/2020
Agent : MAGDALINE KYUMBE DAVID
Renewal Period: 09/09/2023 To 08/09/2024

Basic Premium: 45,000.00
Limits Per Year: 25,000.00
Limits Per Event: 25,000.00
Training Levy: 190.00
Policyholder's Fund: 238.00
Stamp Duty: .00
Total Amount Due: 95,428.00

Class Of Business	Total Sum Insured	Situation
PROFESSIONAL INDEMNITY	5,000,000.00	KENYA

The following are some of your personal details held in our records. In the event any has changed, please advise us via our email address: underwriting@paciskenya.com to make the necessary changes:

Postal Address : P.O. BOX 716-00518 NAIROBI - KENYA
Email Address : chumbed@yahoo.com
Telephone number: 721268382
KRA PIN number : P051148062B

For General Manager:

Sign: _____

CUT HERE

REPLY FORM

REINHA ROSARY HEALTH CENTRE
P.O. BOX 716-00518 NAIROBI - KENYA

New Policy No: 010/0053/000482/2020
Renewal Period: 09/09/2023 To 08/09/2024

ANY ALTERATIONS SHOULD BE DESCRIBED BELOW.

1. Please renew my policy Yes No
2. Any other instructions
3. I/We enclose our cheque of Kshs: _____

Renewal Premium : 95,428.00

Date: _____ **Signature:** _____

"Pursuant to the amendment of section 156 sub-section (2) of the Insurance Act Cap. 487, you are required to pay your renewal premium on or before the renewal date. Please note that the company shall only assume risk upon receipt of the full premium"

MAGDALINE KYUMBE DAVID
P.O BOX 11412-00100



PACIS INSURANCE CO. LTD.
Pacis Centre, 4th Flr, Waiyaki Way, Westlands
P. O. BOX 1870 , 00200 - NAIROBI
Telephone:254730677000
E-mail:info@paciskenya.com

Dear Esteemed Client,

Your insurance policy is due for renewal on **09/09/2023** and your total renewal premium is **Ksh 95,428.00** . At Pacis, we are committed to providing you with the very best insurance solutions and continually improving our services to you and we are pleased to invite you to renew with us for another year as per the attached renewal notice. To renew your policy, kindly respond on the reply form provided, attaching your renewal payment, and returning to us, for processing.

How can you make payments?

Through M-PESA:

You can conveniently pay through our **M-PESA Pay Bill No. 504700**. Under **Account number**, enter your **Policy Number/Vehicle Registration Number/Insured's full name**.

OR

Bank Transfer

Payments can be made directly to any of our bank accounts below:

Bank Account Name: Pacis Insurance Company Limited					
Bank Number	Account	Bank Name	Bank Branch code	Branch Name	Swift Code
1038619		ABSA	030-073	Westlands	BARKENXXX
1000015195		NCBA	41-105	Westlands	NINCKENAXXX
1106839749		KCB	01-141	Sarit Centre	KCBLKNX

We are also keen to hear from you on what you would like us to do to make your customer experience more satisfying.

How to contact us:

Tel : +254 20 4247000, +254 20 3504174

Cell : +254 733 777717, +254 720 113122, +254 730 677000

Email : underwriting@paciskenya.com.

We thank you for your continued support and assure you of our commitment to provide you with a responsive and comprehensive range of insurance services

Kind regards,

Pacis Insurance Co Ltd.