



FORM III

REPUBLIC OF KENYA

(Rule 4)

REGISTRATION B No. 269

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

(THE MEDICAL PRACTITIONERS AND DENTISTS ACT NO. 20 OF 1977)

CERTIFICATE OF REGISTRATION AS A MEDICAL PRACTITIONER OR DENTIST

Dr./Mr./Mrs./Miss

Susan Wanjiku Maina
(Full Names—BLOCK LETTERS)

of P.O. Box 71, Nakuru

Qualifications B.D.S (Nairobi) 1984,

has been registered as a ~~Medical~~/Dental* Practitioner in accordance with the provisions of Section 6 of the Medical Practitioners and Dentists' Act (No. 20 of 1977).

Dated this Tenth day of January, 1986

Seal of the Board.

David S. S. S.

CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS BOARD

[Signature]

REGISTRAR OF
MEDICAL PRACTITIONERS AND DENTISTS

FOOTNOTES:

- (a) It shall be the duty of the holder of this certificate to inform the Registrar within 14 days of any change in his registered address (s. 9).
(b) Reference should be made to the current published list in the Kenya Gazette for evidence of continued registration of the practitioner (s. 10).
(c) Signature of the holder. [Signature]

"Delete where not applicable"

Issue Date: 09-11-2023

No. SP/2024/613027



KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL
SPECIALIST PRACTICE LICENSE - DENTAL
- CLINICAL PRACTICE -

Pursuant to Section 12 of the Medical Practitioners and Dentists Act, Cap 253 Laws of Kenya,
this is to certify that:

DR. SUSAN WANJIKU MAINA

of

Registration No: **B269** duly registered on **10th January, 1986**

Whose qualification(s) are:

BDS(NAIROBI) 1984; MSC(CONS.DENT)(CAROLINA) 1993

Type of Practice: **CLINICAL PRACTICE**

Discipline: **SPECIALIST PRACTICE (CONSERVATIVE DENTISTRY)**

and whose registered address is **P.O. BOX 19559 00202 NAIROBI**
is licensed to practice for the year **2024**

This license is valid up to **31st December, 2024**

Dated this **9th** day of **November, 2023**

The Doctor is duly licensed to Practice in the Republic of Kenya.



Dr. David Kariuki
Chief Executive Officer/Registrar
Kenya Medical Practitioners and Dentists Council

**PIONEER GENERAL INSURANCE LIMITED**

P.O. BOX 20333 - NAIROBI, KENYA
MOI AVENUE, NAIROBI
E-MAIL:pioneergeneral@pioneerinsurance.co.ke

Website:http://www.pioneerassurance.co.ke

POLICY ENDORSEMENT REPORT

Intermediary: **FAST INDEMNITY INSURANCE AGENCY**

Policy No: **HQ/0502/2018/02/000028**

Endorsement No: **E/HQ/0502/2024/03/001687**

Class of Business **PROFESSIONAL INDEMNITY**

Currency: **KSHS**

Name and Address of Insured

| | |
|---------------------------|------------------|
| Additional Premium | 28,050.00 |
| TRAINING LEVY - UW | 56.00 |
| PHFUND - UW | 70.00 |
| Total Premium | 28,176.00 |

MAINA SUSAN WANJIKU
P.O. BOX 19559-00202
NAIROBI
KENYA
PIN :A000108842K

With Effect From : **07/03/2024**

Policy Cover Period : **07/03/2024 to 06/03/2025.**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that with effect from 07/03/2024, the cover provided under this policy is deemed to be **RENEWED** for a further period of 12 months and shall expire on 06/03/2025.

Type of Cover: **PROFESSIONAL INDEMNITY**

Scope of Cover: **STD**

Consequently, the above noted renewal premium is due from the Insured.

For and on behalf of **PIONEER GENERAL INSURANCE LIMITED**

Prepared By : **MGMBURU**

Signed

Signed on **02-MAR-2024**



Please pay your premium to our MPESA pay bill number 999415 by using your Debit Note Number or PIN Number or Vehicle Registration number as Reference.

INCOME TAX DEPARTMENT

PERSONAL IDENTIFICATION NUMBER CERTIFICATE



PIN:

A000108842K

NAME:

SUSAN W. MAINA (MISC)

DATE OF BIRTH:

1958

PLACE OF BIRTH:

KERICHO

Date:

21/10/93



FORM PIN 1