# APPENDIX C

**TO FORM INS. 30-1**

**PARTICULARS OF DEPARTMENTAL STAFF**

**NAME OF THE INSURER:**

As at 31st August, 2014

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department | Officers | Clerks | Stenographers/ Typists | Messengers | Others | Total | Number of staff who are not Kenyan citizens (please see note 2 below) |
| 1. Underwritting
2. Claims
3. Administration
4. Accounts
5. Others (please specify)
 |  |  |  |  |  |  |  |

Date: Principal Officer:

Note: 1 If any management staff listed in Appendix B is also included here, please indicate below as a note.

1. If any of the departmental staff is not a Kenyan citizen, please give the name, citizenship and the date of expiry of the entry permit under the Immigration Act in a separate statement.
2. If any of the departmental staff holds any professional qualifications, such as A.C.I.I., F.C.I.I., A.C.A., etc. Please give the name and professional qualifications in a separate statement.