NOMINATION FORM

Please enroll:

Name of participant: 

Conference Title: 

Dates: to: 

Organization details

Name: 

Physical address: 

Postal Address: 

Postal Code: Town/City: 

Country: 

Telephone Number: 

Email: 

Participant details

Title (Mr/Mrs/Ms/Dr, etc.): 

Highest academic qualification: 

Position held: 

Office Tel Number: 

Mobile Number: 

Email: 

Name and Signature of Nominating Authority

Signed By 

(Kindly affix OFFICIAL STAMP) 

Signature 

NOTE: Please note that payment is upfront 

PLEASE FILL AND MAILTO: nqimembership@kebs.org; copyto:mutungam@kebs.org)
PAYMENTS CAN BE MADE TO THE FOLLOWING ACCOUNTS

KENYA SHILLINGS ACCOUNT

Account Name: Kenya Bureau of Standards
Account Denomination: KES
Account Number: 0100302830600
SWIFT CODE: NBKEKENXXX
Bank: National Bank of Kenya
Bank Code: 12
Branch: Harambee Avenue - Head Office
Branch Code: 003
Address: P. O. Box 41862, Nairobi.

MPESA
Paybill Number 804700
Account Number 10150

DOLLAR ACCOUNT

Account Name: Kenya Bureau of Standards
Account Denomination: Dollar
Account Number: 0200302830600
SWIFT CODE: NBKEKEN
Bank: National Bank of Kenya
Branch: Harambee Avenue
Address: P. O. Box 41862, Nairobi