

Provider: Authorised Personnel and their contact details

Text to be pasted onto Provider organisation's headed notepaper

From: [Authorised signatory of the organisation]

Title: EXECUTIVE DIRECTOR

Address: 7TH FLOOR VICTORIA PLAZA, OFF PARKLANDS ROAD WESTLANDS NAIROBI
PO BOX 50590-00100 NAIROBI KENYA

Date: 15.07.2024

TO: MSME Financing Gateway Kenya Host organization, MSME Financing Gateway manager

The persons named below are hereby authorised to make changes to our organization's data and profile on the MSME Financing Gateway until further notice:

First name	Last / Family name	Official title	Mobile telephone #	Mobile telephone #	E-mail address
ASHOK	ANKATHI	PROGRAMS DIRECTOR	+254734880656		ASHOK@CAPYEI.ORG
NDUNGU	KAHIHU	EXECUTIVE DIRECTOR	+254 718 188926		NDUNGU@CAPYEI.ORG
DENNIS	MUCHIRI	TRAINING OPERATIONS LEAD	+2547208205460		DENNIS@CAPYEI.ORG
BENSON	MACHARIA	ENTERPRISE DEVELOPMENT MANAGER	+254734666019		BEN@CAPYEI.ORG

For, and on behalf of:

Organisation name: CAP YOUTH EMPOWERMENT INSTITUTE.....

Official title: ENTERPRISE DEVELOPMENT MANAGER.....

Signature: .....

Date / Place: 15.07.2024 - NAIROBI.....



By signing this document, or by transmitting the information in it to the MSME Financing Gateway Host organization, I agree that I have read and accepted the Terms of Use at:

<https://kenya.financinggateway.org/en/terms-conditions>

and the Host organization's Privacy Policy at:

<https://kenya.financinggateway.org/en/privacy-policy>

Our organization undertakes to notify the Host of the MSME Financing Gateway of any change in authorizations. The Host will not be liable for changes to data and information made by authorized persons.