

FIRST SCHEDULE



(r. 7(2))



CERTIFICATE OF APPOINTMENT FORM  
INVESTIGATOR IDENTITY CARD

Name: .....

ID No:.....

Staff No: .....

Designation:..... Appointment Date:.....

This certifies that the bearer of this card is ..... at IPOA

Date of Issue: .....

THIS CERTIFICATE OF APPOINTMENT

THIS CERTIFICATE IS ISSUED PURSUANT TO SECTION 22(3) OF THE INDEPENDENT POLICING OVERSIGHT AUTHORITY ACT. THE BEARER IS HEREBY VESTED WITH INVESTIGATIVE POWERS AND PRIVILEGES APPERTAINING TO THAT APPOINTMENT.

Signed:..... Signed:.....

*Chairperson* *Director/CEO*

If found, hand it in to the nearest Police Station or the Independent Policing Oversight Authority.

P.O Box 23035-00100 Nairobi. Telephone: 020 4906000. [www.ipoa.go.ke](http://www.ipoa.go.ke)