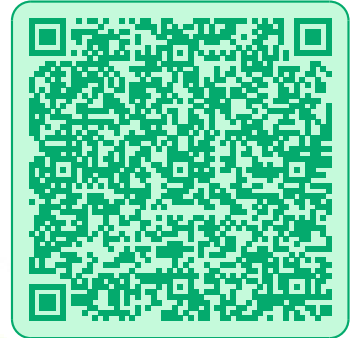




MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT
(Cap.244, Sub. Leg.)
(The Pharmacy and Poisons Rules)

ANNUAL PRACTICE LICENCE AS A PHARMACIST



Practitioner Details

Licence No: P2024D02574

| | |
|---------------------|--|
| Name | DR. VINCENT LEMAYIAN SAAMAN |
| ID Number | 34048139 |
| Registration Number | 4740 |
| Renewal Date | 30th May, 2024 |
| Superintendent | YES |
| Premise | NAIROBI WOMENS HOSPITAL -KITENGELA |
| Premise Address | Postal Address: PO BOX 10552 NAIROBI Plot No: ISOLATED Kitengela |

The above named person is hereby licensed to practise as a Pharmacist in accordance with the Pharmacy and Poisons Act.

Note:

1. This Licence is valid upto **31st December, 2024**, subject to compliance with the provisions of the Act.
2. For superintendents, no change of premises is permitted without authority of the Pharmacy and Poisons Board