REPUBLIC OF KENYA

NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES
P.O BOX 66577-00800,NAIROBI
TEL 0709107000,0800724333
EMAIL:INFO@NCPWD.GO.KE

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DISABILITY REGISTRATION CERTIFICATE

[redacted]

1. PERSONAL DETAILS OF THE APPLICANT

FULL NAME:		GENDER:
JACKSON CHRISTOPHER WANGARE	ID removed	Male

Registration no., date of birth and ethnicity removed

Email, phone and postal address removed

Home constituency, ward, sub-county and location removed

2. DISABILITY DETAILS

DISABILITY CATEGORY	SUB CATEGORY	CAUSE	AGE WHEN DISABILITY WAS ACQUIRED
1. PHYSICAL	• ACQUIRED BRAIN INJURIES	• Accident	• 6

County removed

Signature removed

DATE OF ISSUE:
Wed, 30 July, 2025

Ag. Executive Director