



KENYA PHARMACEUTICAL ASSOCIATION

— Pharmaceutical Excellence —

CENTRAL BRANCH | P.O BOX 20771-00202 | NAIROBI, KENYA.

TEL: +254724 106 753

Email; info@kpacentral.or.ke/ admin@kpacentral.or.ke

Our Ref: KPA/EXE/CB/ELECTION2023

October 9, 2023

RULES FOR K.P.A MEMBERS SEEKING BRANCH ELECTIVE POSTS.

1. Must be a pharmaceutical technologist enrolled by the Pharmacy and Poison Board.
2. Must be a registered member of the Kenya Pharmaceutical Association Central Branch
3. Must be a fully paid-up member of the association.
4. Must be a Kenyan of sound mind.
5. Must have served as a member of K.P.A for a minimum of 3 years.
6. Must not have been accused and found guilty of professional misconduct or criminal charges.
7. Must be of unquestionable character and of good morals.
8. The member shall not canvass from the Electoral Board members or else shall be disqualified.
9. Shall only vie for one (1) post in an election year.
10. The candidate shall ensure that his or her proposer / seconder shall not propose/second another candidate on the same post. (Failure to adhere to this shall lead to disqualification of a candidate).
11. The incumbent Branch Executive members who wish to retain their same position shall only apply directly to the Branch Chairlady.
12. The contestants should identify their agents before Election Day and submit their name and Enrollment number to the Electoral board Chairman. The Agent should be fully paid-up KPA member.

CENTRAL BRANCH OFFICIAL CONTACTS;

CHAIRPERSON
WINFRED WANGUI
0702 338 934

ORGANIZING SEC
KEN NDUATI
0724 629 092

SECRETARY
PAUL KIMANI
0722 363 698

TREASURER
DAVID MWENJA
0735 189 249

DEPUTY CHAIR
PETER NYOIKE
0721 844 492

DEPUTY SEC
MONICAH GITAU
0712 324 074



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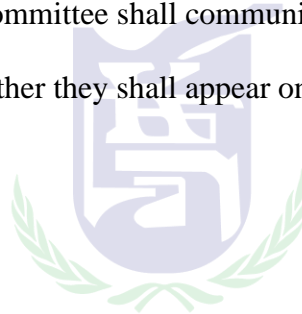
Email; info@kpacentral.or.ke/ admin@kpacentral.or.ke

RULES OF CLEARING AND VETTING OF CANDIDATES

1. A candidate is allowed to vie for only one post.
2. All applications for candidates' vying for different posts shall be received at K.P.A Central Branch office.
3. All Branch Executive members shall be required to have a maximum of 2 days retreat where they shall clear all applications.

The Chairlady and secretary shall sign the applications.

4. The central branch executive committee shall communicate directly to members contesting for posts of the results i.e., whether they shall appear on the ballot papers or not.



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RULES FOR VOTERS.

1. Must be an enrolled Pharmaceutical Technologist.
2. Must be a registered K.P.A Central Branch member.
3. Must be a fully paid-up member.
4. No corporate member is allowed to vote.
5. No Associate member is allowed to vote.
6. Only members of K.P.A Central Branch who have paid and registered for the A.G.M shall participate in the voting.
7. Verification documents shall include but not limited to;
 - i. National identification card/passport,
 - ii. Enrollment number
 - iii. A, G M payment receipt.



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PROCEDURES AND RULES FOR THE KENYA PHARMACEUTICAL ASSOCIATION ELECTIONS.

1. The chairman Electoral board shall be the Returning Officer for the term.
2. The Central Branch executive office shall announce the Election Day and the Electoral rules and procedures to members.
3. Applicants shall fill the forms and submit them to the branch office for vetting, in accordance to the Rules and Regulations of Electoral Board.
4. The Branch Officials shall facilitate scanning of completed forms and Hand over the hard copies via a courier addressed to (**Chairman, K.P.A Electoral Board**).
5. The applicants shall be given an opportunity to appeal after communication, within three (3) days.
6. Upon appeal, the decision by the Board of Trustee shall be final.
7. The Electoral board shall prepare ballot papers once the applicants are cleared.
8. The Electoral board shall ensure the availability of election materials.
9. The members of the Electoral Board shall be required to participate fully on the Election Day.
10. The Electoral board budget shall foot the expenses of all Electoral Board members. (I.e., transport, accommodation, allowances, and airtime).
11. On the Election Day, the board of trustees shall arbitrate in all matters appeal.

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APPLICATION FORM FOR KENYA PHARMACEUTICAL ASSOCIATION MEMBERS

SEEKING BRANCH ELECTIVE POSTS.

POST: _____

YEAR: 2023

PART: A *(To be filled by Applicant)*

Name of applicant: _____

Tel: _____ Email _____

Enrollment No: _____ Year: _____

K.P.A. registration NO: _____ Year: _____ ID. No. _____

Give reasons which you think qualifies you for this post:

a) Qualifications:

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b) Position held in your organization (work place):

a) K.P.A. branch profile:

b) Position in public society (e.g., political offices, unions.....)

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Proposed by Name: _____ K.P.A. No: _____

Enrolment No. _____

Sign: _____

Date: _____

Address _____

Email: - _____

Telephone No. _____

Seconded by name: _____ K.P.A. No. _____

Enrollment no. _____ ID. No. _____

Sign: _____

Date: _____

Address _____

Email: - _____ / Telephone No. _____

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IMPORTANT

Applicant must enclose copies of the following

- a) National I.D
- b) Enrollment certificate
- c) KPA Central Branch membership certificate
<http://197.248.117.186:24/kpa/portal/index.php>
- d) Two (2) passports colored photographs
- e) Copy of original application to be sent directly to the Secretary Central Branch Via
EMAIL (info@kpacentral.or.ke) cc (admin@kpacentral.or.ke)
- f) Incomplete forms shall lead to automatic disqualification

Declaration: -

I declare that the above information I have given is correct and will abide by the rules and regulations of the Kenya Pharmaceutical Association Electoral Board as provided and will accept the ruling of the Electoral Board officials.

Name: _____ Sign: _____

Date: _____

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Part B: (To be filled by K.P.A. Branch Officials)

Name of branch:

Name of 1ST official clearing: _____

Position at branch: _____

Name of 2nd official clearing: _____

Position at Branch: _____

Name of 3rd official clearing: _____

Position at Branch: _____

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Do you recommend:

Yes:

No:

Reasons: _____

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Signature of 1st clearing officer: _____

Date: _____

Signature of 2nd clearing officer: _____

Date: _____

Signature of 3rd clearing officer: _____

Date: _____

Official stamp



DECLARATION;

I the undersigned, declare that the information given above is, and to the best of my knowledge

TRUE.

**Misinformation will lead to Disciplinary Action*

ALL CANDIDATES MUST REFLECT NATIONAL OUTLOOK OF THE ASSOCIATION.

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PART C: OFFICIAL ONLY.

(TO BE FILLED BY ELECTORAL BOARD)

Approved:

Not approved:

Reasons:

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Chairman

Secretary

Signature: - _____

Signature: - _____

Date: - _____

Date: - _____

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