P.O Box 30089-00100

Nairobi Kenya

Tel: [+254 741 088 144](http://12.173.120.123/)

Email: info@estateagentsboard.or.ke

Prism Tower 17th Floor,

3rd Ngong Avenue Off Ngong Road



**SCHEDULE  (r. 6)**

**FORM OF ACCOUNTANT’S CERTIFICATE**

***Note*. —In the case of a firm with a number of partners or company with directors’ carbon copies of the certificate may be delivered provided section 1 below is completed on each certificate with the name of the individual estate agent.**

1. Estate agent’s full name.
2. Firm(s) name(s) and address(es).

***Note*. —All addresses at which the estate agent(s) practice(s) must be covered by an accountant’s certificate or certificates.**

1. State whether practising alone or in partnership.
2. Accounting period(s).

***Note*. —The period(s) must comply with the Estate Agents (Accountant’s Certificate) Rules.**

**ACCOUNTANT’S CERTIFICATE**

In compliance with the Estate Agents (Accountant’s Certificate) Rules, 1989.

I……………………………………………………………………………. have examined the books, accounts and documents of the above-named estate agent relating to the above practice(s) produced to me and I hereby certify that from my examination pursuant to rule 5 of the Estate Agents (Accountant’s Certificate) Rules, and from explanations and information given to me, I am satisfied that—

1. During the above-mentioned period(s) he has complied with the provisions of the Estate Agents (Accounts) Rules, 1989 except so far as concerns—
	1. certain trivial breaches due to clerical errors or mistakes in book-keeping, all of which were rectified on discovery; I am satisfied that none of such breaches resulted in any loss to any client;
	2. the matters set out on the back hereof;
2. Having retired from active practice as an estate agent he ceased to hold client’s money on the:

Particulars of the Accountant .........................................................................................................

Full name .......................................................................................................................................

Qualifications (if any) ......................................................................................................................

Firms name ....................................................................................................................................

Address ..........................................................................................................................................

*Signature ........................................................................................................................................*

*Date ................................................................................................................................................*

**To: The Registrar,**

 **The Estate Agents Registration Board,**

**P. O. Box 30089 – 00100**

**NAIROBI**