



REPUBLIC OF KENYA

OFFICE OF THE ATTORNEY GENERAL

STATE LAW OFFICE

SELECTION PANEL FOR THE APPOINTMENT OF MEMBERS OF THE WAQF COMMISSION

**APPLICATION FOR APPOINTMENT AS A MEMBER
OF THE WAQF COMMISSION FORM**

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Chairperson, Selection Panel for the appointment of members of the WAQF Commission, CBK Pension Towers 20th Floor, Harambee Avenue, P.O. Box 40112- 00100 Nairobi – Kenya, or submit the documents in Portable Document Format (PDF) **On-line** via the email waqf.recruitment2026@ag.go.ke.

1. Vacancy Applied For

- Alim*
- Prominent Business Person or Entrepreneur
- Member with Professional/Technical Knowledge and Experience

2. Personal Details of the Applicant

Name: Title:
(Surname) First Name Other Name(s) (Prof/Dr/Mr/Mrs/Miss/Ms/Sh)

Date of Birth: ID No: PIN.NO. Gender: Male Female
(dd-mm-yyyy)

Nationality: Ethnicity: Religion:

Home County: Sub-County: Constituency:

Postal Address: Code: Town/City:

Telephone No: Mobile No: E-mail address:

Name of alternative contact person: Telephone No:

Are you living with a disability? Yes No

If yes, give;

(i) Details/Nature of Disability:

(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date)

3. Employment

- Employed
- Self-Employed

Current employer/Name of Self-Employment Business:

Position held:

Effective date:
(dd-mm-yyyy)

4. Other Personal Details

Have you ever been convicted of any criminal offence or a subject of probation order? Yes No

If Yes, state nature of offence, the year and duration of conviction

Have you ever been dismissed or otherwise removed from employment? Yes No

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

(Declaring the above information will not necessarily debar an applicant from appointment as a Member of the Waqf Commission. Each case will be considered on its own merit)

5. Academic Qualifications for the Alim. (Starting with the Highest)

Year		University/ Institution	Award/Attainment (e.g. Masters, Bachelors, Degree, Ijaza e.t.c)	Islamic jurisprudence (e.g. <i>Faqih</i> , <i>Usul al-fiqh</i> e.t.c)	Specialization/Subject (e.g. <i>Tafsir</i> , <i>Hadith</i> , <i>Lugha</i> e.t.c)
From	To				

6. Academic Qualifications other than for the Alim. (Starting with the Highest)

Year		University/ Institution	Award/Attainment (e. g. Masters, Bachelors, Degree)	Course/Programme (e. g. PhD, MSc, BA, O'Level)	Specialization/Subject (indicate from the list below i.e., Law, Accounting, Land Economics, Social Work, Finance and Investment, Architecture and Administration)	Class/ Grade
From	To					

7. Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e. g Human Resource, Engineering, Counselling, Waqf e.t.c)	Class/ Grade
From	To				

8. Relevant Courses and Training attended Lasting not Less than One (1) Week

Year	University/College/Institution	Name of Course	Details and duration

9. Current Registration/Membership to Professional Bodies – where applicable

Professional Body	Membership/Registration No.	Membership type (e.g. Associate, Full etc)	Date of Renewal

13. Referees (people who have interacted with you professionally)

1. Full Name:

Occupation:

Address: Post Code: City/Town:

Mobile No: E-mail address:

Period for which the referee has known you:

2. Full Name:

Occupation:

Address: Post Code: City/Town:

Mobile No: E-mail address:

Period for which the referee has known you:

13. Declaration

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date:
(dd-mm-yyyy)

.....
Signature of the Applicant