BUSINESS NO. **BN-L5CM8DDP**

**THE REGISTRATION OF BUSINESS NAMES ACT**

(Cap, 499, Section 14)

**CERTIFICATE OF REGISTRATION**

I hereby **CERTIFY** that, **BIMAL NARHARI YAJNIK** carrying on business under the business name of

# STERLING DENTAL CLINIC

at **6TH FLOOR ROOM 9 PARK SUITES BUILDING , PARKLANDS ROAD, NAIROBI WESTLANDS DISTRICT, LAVINGTON. P.O BOX 46885, 00100 - G.P.O NAIROBI,** have/has been duly registered under Number **BN-L5CM8DDP** pursuant to and in accordance with the provisions of the Registration of Business Names Act and Rule there under.

Given under my hand at **NAIROBI** on **14-10-2022**

**Registrar**

This is a system generated certificate. To validate this document send the word **BRS** to **21546**