REPUBLIC OF KENYA

FOOD SYSTEMS RESILIENCE PROJECT

FSRP Food Systems Resilience Project

TRAINING BOND FORM FOR NON-PERMANENT APPLICANTS

ATTACH RECENT COLOURED PASSPORT/PHOTO

(Please use **block** letters to complete this form in triplicate and attach a recent color passport size photograph)

I……...……..

(Bondee's full names)

Terms of Employment (Contract, Intern, Graduate Trainee, Other-Specify):

.....

Profession: ……..

ID/Passport No. (Attach copy): .....

KRA PIN No. (Attach copy): ..... Mobile No.:.....

Organization:…….....……..

Address: ..... Postal Code: .....

Town:..... Office Telephone No.:.....

Program title (PhD, MSc or MBA) ……..

Course Name: …….

Training Institution ……....……

Period: From:…….....…… To: …….

First Surety Name:…….....……

Designation:…….....

Employment No.:..... ID/Passport No. (Attach copy): …….....

PIN No.: ..... Mobile No.:.....

E-mail:.....

Organization: .....

Address: ..... Postal Code: ..... Town:.....Office Telephone No.: .....

Second Surety Name:……

Designation: …….....

Employment No.: ..... ID/Passport No. (Attach copy): .....

PIN No.: ..... Mobile No.: .....

E-mail:.....

Organization: .....

Address: ..... Postal Code: .....

Town: ..... Office Telephone No.: .....

We (Bondee/ 1st Surety and 2nd Surety) jointly and severally bind ourselves to pay unto the Government of Kenya (here in after called "the Government') on demand the sum of Kenya Shillings (in words) ……. ..... …… (in figures) ..... on account of the Bondee's failure to complete the Food Systems Resilience Project (FSRP) / Ministry of Agriculture and Livestock Development (MoALD) scholarship Programme within the stipulated period.

Signed on this .....day of..... in the year Two thousand and …..... Whereas for the better protection of the Government interests, the above Bondee has agreed to execute the bond and comply with the conditions set out here-under:

1. Every student awarded the FSRP/MoALD Scholarship is required to comply with the following rules:

(a) To enroll/continue at his/her respective university and begin/continue the course of study for which the award was granted and to continue with such studies for as long as prescribed unless

he/she is prevented from so doing by sickness proved by a certificate from a recognized Medical Practitioner or by circumstances beyond his/her control recognized as such by the Authorized Officer or any other person in that behalf;

(b) To devote his/her whole time to following the course of instruction for which the award is granted unless permission to undertake other work or studies or to modify his/her course content or duration is granted;

(c) Not to engage in any occupation or activity which is considered detrimental to his/her progress in the course of studies prescribed for him/her and/or detrimental to his/her health;

(d) To satisfy FSRP/MoALD as to attendance, conduct and progress by reports from the Head of the institution or such other approved person at the institution in which he/she is studying;

(e) To comply with the scholarship conditions as stipulated in the FSRP Long Term Training Manual;

(f) Where applicable, to sit for and pass any prescribed examinations or approved group of examinations within the time fixed by the authorities of the institution at which he/she is attending, unless he/she is prevented from so doing by sickness proved by a certificate from a recognized Medical Practitioner or by circumstances beyond his/her control recognized as such by the Authorized Officer or any other person on his/her behalf;

(g) To complete the specified course within the stipulated period failure to which the Bondee will meet the total cost of the extension period and will not claim any reimbursement from FSRP/MoALD;

(h) The bond will take effect from the date of the first disbursement of FSRP Scholarship funds to the Bondee or to the learning institution where the Bondee is registered; and

(j) All Bondees will be required to sign this declaration in the presence of a Magistrate or Commissioner of Oaths.

2. This Training Bond Form together with the Guidelines on the bond for training Public Servants shall constitute a formal agreement between the Bondee and FSRP/MoALD.

3. In the event of breach of any or all of the above conditions by the Bondee, the above written bond shall remain in full force and effect and the agreed bond amount shall be forthwith payable to the respective authorized officer on behalf of the Government of Kenya, by way of liquidated damages, and not as a penalty and in case of his/her failing to do so, by the Surety(ies) jointly or severally.

THE ABOVE WRITTEN OBLIGATIONS will be discharged if: -

(i) The Bondee completes the study;
(ii) The Bondee or Surety(ies) fully redeems the bond;
(iii) The Bondee is declared permanently incapacitated on recommendation of a medical board; or
(iv) The Bondee dies.

Qualifications of a Surety

A person will qualify to be a Surety if he/she is:

(i) A public officer;
(ii) At a grade comparable, same or higher than the Bondee;
(iii)Of an age that enables her/him to serve as a public officer for the duration of the bond;
(iv)Not a Surety for more than three (3) Bondees at any given time; and
(v) Not a Surety for more than two (2) Bondees if serving a bond.

Death of a Surety

If a Surety dies before the bond agreement has been fully discharged, the Bondee has an obligation to inform the FSRP NPCU and the Bondee should replace with another Surety who should meet the above requirements, within 30 days after the demise of the Surety.

Signed, sealed and delivered by; -

Bondee Name: ..... Signature..... Date:.....

(Bondee)

First Surety; Name:..... Signature:..... Date: .....

(First Surety)

Second Surety; Name:..... Signature:..... Date .....

(Second Surety)

In the presence of Commissioner of Oaths /Magistrate

Name:.....Signature: .....Date:.....

(Seal)

DECLARATION

I ..... **(Name of Bondee)**

Hereby declare that I have read the aforegoing rules and conditions and agree to abide by them.

Signature:..... Date: .....

I certify that the Declaration was both read and signed by the Bondee in my presence on the .....day of 20.....

Name..... Signature.....

(Witness: County Commissioner OR Area Chief)

(Official Stamp / Seal) …… ..... ……