KENYA INTERNATIONAL FREIGHT & WAREHOUSING ASSOCIATION

MOMBASA BRANCH
Oshwal House, 3rd Floor, Moi Avenue
P. O. Box 99708-80107
Mombasa, Kenya
Mobile: 0706 217445
Email: infomsa@kifwa.co.ke

NAIROBI BRANCH
K.P.A. ICD (EMBAKASI)
Agent's Block, Ground Floor
P. O. Box 57969-00200
Nairobi, Kenya
Tel: 020-2026188 / +254-20-827704
Fax: +254-20-827854
Mobile: 0722 883953
Email: info@kifwa.co.ke

APPLICATION FOR MEMBERSHIP

We are desirous of becoming members of the above named Association if accepted we agree to abide by the Rules & Regulations, by-laws and Code of Conduct thereof, we agree aware that we shall have to pay the Association's prescribed entrance fee and annual dues before being accepted as a member.

We certify that the following information is correct and is supplied to provide record as required to carry out the Association. We also undertake to furnish the Association with any changes in the following particulars from time to time.

1.0 COMPANY/FIRM'S NAME:.....

2.0 REGISTRATION CERTIFICATE NO: .....
(Attach copy of Certificate of Incorporation or Registration Certificates)

3.0 AUTHORISED CAPITAL:.....

4.0 PAID UP CAPITAL OF COMPANY:.....

5.0 PIN NUMBER:.....
(Attach a copy)

6.0 PHYSICAL ADDRESS:

TOWN:..... **STREET/ROAD:**.....

BUILDING:..... **FLOOR/SUITE:**.....

7.0 PRINCIPAL PLACE OF BUSINESS:.....

8.0 EXPERIENCE AND PROFESSIONAL BACKGROUND OF DIRECTORS/PRINCIPAL OFFICERS

NAME	EXPERIENCE/ PROFESSIONAL QUALIFICATIONS	YEARS IN C&F	YEARS IN WAREHOUSING	YEARS IN OTHER RELATED FIELDS	DESCRIPTION RELATED FIELD

9.0 NUMBER OF STAFF EMPLOYED AND HOW MANY HOLD EACFFPC CERTIFICATES OR EQUIVALENT QUALIFICATIONS (IF EQUIVALENT, DESCRIBE)

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10. BRANCHES

TOWN BOX NO. TEL. NO.

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11. BANKERS

BRANCH **TOWN** **POSTAL ADD.**

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12. SHAREHOLDERS/PARTNERS (Attach separate sheet for additional details if necessary)

1.0 .....PIN NO.....

2.0 .....PIN NO.....

3.0 .....PIN NO.....

13. DIRECTORS

1.0 .....PIN NO.....

2.0 .....PIN NO.....

3.0 .....PIN NO.....

14. REFEREES

(Two Directors or Sole Proprietors or Partners from member Organizations)

1.0 Proposed by:.....

Company:.....

Address:.....

Signature:.....TELEPHONE.....

2.0 Seconded by:.....

Company:.....

Address:.....TELEPHONE.....

Signature:.....

Any false information given in this application may disqualify the applicant from membership even after acceptance.

SIGNATURE OF APPLICANT:.....

NAME:.....

DESIGNATION:.....

COMPANY'S RUBBER STAMP:.....

FOR OFFICIAL USE

RECEIPT NO..... DATED:.....

FOR KSHS.....

APPROVED IN MANAGEMENT COMMITTEE OF:.....

CHAIRMAN'S SIGNATURE:.....

DATE:.....

MEMBERSHIP NUMBER:.....