

RULES OF ORIGIN APPLICATION FOR REGISTRATION OF EXPORTERS FORM

1.	Full name of exporter (Use capital letters)		
2.	PIN		
3.	Postal Address of the Exporter	Physical Address of the Expo	rter
4.	Contact name and designation		
5.	Office Phone number:	Mobile Number:	
6.	E-mail address		
8	Type Of Business Please tick if producer of otherwise	Manufacturer/Producer	Supplier/ Distributor
9	State nature of the business (tick appropriate box)	Company	Manufacturer
		Sole Proprietor	Supplier/ Distributor
10	Intended Markets Please tick against the appropriate certificate intended for use upon registration	EAC COMESA EUR. 1 GSP AGOA Other (Please specify)	
11	If you are not the manufacturer, give details of the supplier(s) who supply you with the goods that you export and attach copies of Supplier/Producer's declarations	Supplier	Goods supplied





12 Estin	nated quantities and value of signments to be exported each year	(a) No of consignments Annual Estimated Consignments per	(b) Value Annual Estimated value in KES per
EAG	C	category	certificate of origin
CO	OMESA		
EU	R. 1		
GSI	P		
AG	OA		
	u are the manufacturer please give ails of how your goods meet the specific	EAC	
app	gin criteria in the Rules of Origin plicable in the intended market. Please	COMESA	
	provide evidence (e.g. manufacturing process, costings, etc.)	EUR. 1	
If the	If the space is not sufficient additional papers can be attached but they have to be certified by the company contact in 'Box 4' and stamped	GSP	
conte		AGOA	
	ils of goods to be exported under ference	Description of Goods	HS 8-digit Code
	If the space is not sufficient additional papers can be attached but they have to be certified by the company contact in 'Box 4' and stamped.		







15	Declaration (complete and sign)	16. For official use only:	
	I declare to the best of my knowledge that the information provided in this application form and any supporting documents is correct.	Date of receipt of application:	
	and any supporting documents is correct.		
	Full name: (in capital letters)	Date of approval:	
	Signature:	Authorisation/Exporter's number:	
	Designation:		
	(e.g. Director, Company Secretary, etc.)	Name of authorising official:	
	Date:	(Name in full and in capital letters)	
		Signature:	
	Company stamp:	Official date stamp:	
		Official date stamp:	

Note:

- (i) Please use additional sheets of paper if the space provided in the form is inadequate. These must be signed by the contact person and stamped.
- (ii) Certified copies of relevant documents must be attached
 - Company or Business Registration Certificate
 - ITAX pin certificate
 - Currents relevant sector Certificate (e.g. HCDA for fresh produce and flowers, Mining Licence for minerals, Ministry of Industrialization Cert for AGOA, etc)







FOR OFFICIAL USE

To be filled by the verifying officer

Date of Verification		
Verifying Officers		
Verification Remarks		
Critoria Applicable	EAC	Γ
Criteria Applicable	COMESA	
	EUR 1	
	GSP	
	AGOA	
Registration Number	KEN	
	REX (if applicable)	
	NBI/MSA/NKU/ELD/KSM	
	Fresh Produce/ Minerals (P)/	
	Manufacturer/Producer (M)/	
	Distributor/ Supplier (D)	
	Number	
Registration Date		
Registering Officer/s Name, Designation and Signature		
Ref. Number Of Registration		
Letter (attach copy)		

