



## AGRICULTURE AND FOOD AUTHORITY

### COFFEE DIRECTORATE

FORM F1

APPLICATION FOR A DEALER'S LICENCE

1. Name of applicant (new/renewal-delete as appropriate).....
2. Address .....
3. Registered address ..... Building.....  
Street.....  
Town/City..... L.R. No. ....
4. Date of Incorporation. ....
5. Registration No.....
6. Name of Company .....
7. Physical Address .....
8. Location of the principal office.....  
Address.....  
Telephone .....
9. Details of the capital structure:  
(i) Nominal capital KSh.....  
(ii) Paid up capital KSh .....
10. Full names, addresses and occupations of the directors:

<i>Name:</i>	<i>Address:</i>	<i>Occupation:</i>
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

11. Branch Office(s) if any

Address:.....  
Building ..... Street .....

Town/City..... L.R. No. ....

Telephone ..... Fax.....

E-mail.....

12. Name, Address and Telephone of the Chief Executive:

Name: .....

Physical Address .....Email.....

Telephone: .....

Postal Address:.....

Professional Qualifications:.....

Experience:.....

13. I/We enclose the following required documentation in support of our application for licence and registration to conduct the business of coffee dealer—

- (i) The certified copy of certificate of incorporation;
- (ii) The certified copy of memorandum and articles of association;
- (iii) A statement listing the names of holding companies, associated companies or partnerships in which the applicant has interest;
- (iv) Names and address of two business referees:
  - 1. ....
  - 2. ....

14. I/We certify that we have read and understood the Coffee Act, 2001 and the rules made there under. I/We also understand that the licence and registration certificate granted on this application may be cancelled and penalties and punishment may be imposed on each of us if any document or statement submitted by us in the course of this application is false or materially misleading.

Date.....

Name of Director..... Signature .....

Name of Director..... Signature .....

Name of Secretary..... Signature .....

15. I/We certify that the information given above is correct.

Date.....

Name of Director..... Signature .....

Name of Director..... Signature .....

Name of Secretary..... Signature .....

16. I/We hereby apply for licence and/or registration as a coffee dealer and to carry on business as a coffee dealer (delete as necessary)

Date.....

Name of Director..... Signature .....

Name of Director..... Signature .....

Name of Secretary..... Signature .....

17. Additional registration requirements shall be as per the fourth schedule of these forms.