



**KENYA PLANT HEALTH INSPECTORATE SERVICE  
(KEPHIS)**

**Exporter Registration Form**

*(This form MUST be filled by the owner of the Company)*

**Company Information**

**Name of Entity:** \_\_\_\_\_

**Type of Entity:**  
*(Company/Partnership/Sole Proprietorship/Other)* \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address*

**Phone/Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Company Contact Person:** \_\_\_\_\_  
*Last First*

**Phone/Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Company PIN/ registration no:** \_\_\_\_\_ **Director's/Owner's Individual PIN:** \_\_\_\_\_ **Company Contact Person's Individual PIN:** \_\_\_\_\_

**Location of farm or Warehouse/Go-down:** \_\_\_\_\_ **Acreage of farm:** \_\_\_\_\_

**Type of produce to be exported?**

	<i>Fresh</i>	<i>Dry</i>	<i>Regulated article</i>	<b>Crop/Regulated article:</b> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Intended export market:** \_\_\_\_\_

**Do you know the requirements of your intended export market?** YES NO

**Preferred date of farm or warehouse/go-down audit:** \_\_\_\_\_

## Disclaimer and Signature

I \_\_\_\_\_ of \_\_\_\_\_ certify that, my answers are true and complete to the best of my knowledge. I enclose a fee of KShs: \_\_\_\_\_ for advance payment of KEPHIS services and audit fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_