

FORM B1:



**AGRICULTURE AND FOOD AUTHORITY  
NUTS AND OIL CROPS DIRECTORATE**

**APPLICATION FOR REGISTRATION AS A PRODUCE/PRODUCTS DEALER**

1. Name .....
- Postal Address.....
2. Registered Office (Head Office).....
  - L. R. No. .... Street/area.....
  - Tel. No. .... Fax No. ....
  - E-mail ..... Website .....
3. Place where the premise/factory/warehouse is located:
  - L. R. No. .... Street/area.....
  - Tel. No. .... E-mail .....
  - Sub County ..... County.....
4. KRA PIN No. ....
5. Year of Incorporation of Company .....and Registration No. ....
6. Type of dealership eg Exporter/Importer/ Processor /Transporter/Agent/Buyer etc  
(specify) .....
7. Types of Produce/ Products for the market .....
8. Sources of supply of Produce .....
9. Applicant Signature..... Date .....
10. Applicant's official rubber stamp:
11. **Checked by:**  
NOCD Officer Name.....  
  
Signature..... Date .....