

FORM AI**APPLICATION FOR
A COFFEE ROASTER'S
LICENCE****KIAMBU**
County

No. _____

The Crops (Coffee) (General) Form AI Regulations, 2019 - First Schedule.

Name of Applicant: _____

Postal Address _____ Postal Code _____

Registered address _____

Street _____ Building _____

Town/City _____ L.R. No. _____

Mobile No. _____ E-mail _____

Where the applicant is a company

a) Name of companyTown/City _____

b) Date of Incorporation _____

c) Registration No _____

Full names, addresses and occupations of the directors:

Name: _____ Address: _____ Occupation: _____

Branch Office(s) if any

a. Postal Address _____ Postal code _____

b. Building _____ Street _____

c. Town/City _____ L.R. No. _____

d. Mobile No. _____ E-mail _____

We certify that that the information hereby given in this application is true and I/We commit to comply with the terms and conditions of the licence.

Date _____

Name of Director _____ Signature _____

Name of Director _____ Signature _____

Name of Director _____ Signature _____

Licensing requirements shall be as per the Second Schedule of these Regulations.**Name, Address and mobile number of the owner/authorized officer:**

a. Name _____

b. Physical Address _____

c. Mobile number _____

ACCOUNT INFORMATION:**COOPERATIVE BANK****ACCOUNT NUMBER:** 01141371543502**ACCOUNT TYPE:** GOVERNMENT CURRENT ACCOUNTS**BRANCH NAME:** KIAMBU**PAYBILL****868222****GOVERNMENT
CURRENT ACCOUNTS**