



Kenya Revenue Authority

Training Institute

EAST AFRICA CUSTOMS FREIGHT FORWARDING PRACTICING CERTIFICATE COURSE (EACFFPC)

Application Form

TO: **DEPUTY COMMISSIONER - KRA TRAINING INSTITUTE (KRATI)**
P.O. BOX 95707
MOMBASA
Email: krainstitute@yahoo.com

(A) TO BE FILLED BY APPLICANT

LAST NAME /SURNAME	FIRST NAME	OTHER NAMES
<input type="text"/>	<input type="text"/>	<input type="text"/>

NATIONALITY GENDER

ID. NO./PASSPORT NO.

HIGHEST ACADEMIC QUALIFICATION

HIGHEST PROFESSIONALL QUALIFICATION

EMPLOYMENT DETAILS: (Tick box)
EMPLOYED SELF EMPLOYED UNEMPLOYED

IF EMPLOYED POSITION HELD

EXPERIENCE YEARS

PIN NO.

BOX NO.
POSTAL CODE

TOWN

MOBILE NO.

EMAIL

SPONSORSHIP: (Tick box) SELF COMPANY

PREFERRED SESSION (Tick box) 5.30-7.30PM 7.30-9.30PM

Signature of applicant

Date

(B) TO BE FILLED BY THE EMPLOYER

COMPANY NAME

PIN NO.

KIFWA MEMBERSHIP NO.

BOX NO.

POSTAL CODE

TOWN

TEL.

We have sponsored/nominated Mr/Mrs/Mr/Ms.-----
for the course and the company will pay/Not pay the tuition fees.

NAME OF AUTHORISING OFFICER

RANK

SIGN

DATE & COMPANY STAMP

(C) TO BE FILLED BY KIFWA

THE APPLICATION IS: APPROVED/ NOT APPROVED

KIFWA membership No.

REMARKS:-----

NAME

RANK

SIGN

DATE & COMPANY STAMP

(D) TO BE FILLED BY KRATI

NAME OF APPLICANT:

NAME OF COMPANY:

PAYMENT:Cheque No.

Amount

ADMISSION NO:

DATE: