

The purpose of the **ICDP Form** is to ensure that information is requested within a clear and concise procedure, which may or may not result in a Benchmark request or Technical Assistance Request and attachment visits to KRA.

- Requests should be submitted along with an official letter and the ICDP Application form.
- Requests should reach KRA at least 30 days prior to the intended visit & KRA shall confirm via an official letter of its availability/acceptance within 21 days.
- **Delegation Frequency:** A maximum of three (3) delegations will be hosted per eligible month as per the ICDP calendar.
- **Delegation Size:** Each visiting delegation may comprise up to 10 delegates. Where interpretation is required, the number is limited to 5 delegates. The visiting delegation will arrange for interpretation services.
- **Duration:** Visits shall not exceed three days per delegation.
- **Virtual Engagements:** Online sessions may be convened via Zoom, WebEx or MS Teams.
- A maximum of three virtual sessions will be scheduled per quarter.
- Each session will span up to two days, with a daily limit of four hours.

- **After completing the form, kindly convert it into PDF format before sending it back.**
- ICDP Form to be completed and submitted to: ird@kra.go.ke with a copy to Sheila.Mugusia@kra.go.ke

1. What is the name of requesting agency or organization?

2. Are you an EAC Partner State agency?

Yes

No

3. Has this application received formal endorsement within your organization?

KRA requires this endorsement prior to agreeing to a visit. Yes No

4. Contact information of requesting agency or organization:

Title (Mr/Mrs/Ms/Miss/Other)

Name

Physical Address

Phone/ Mobile Number

Email Address

5. Dates requested for visit:

1st choice: from to

2nd choice: from to

Type of visit (Educational/ Business/ Courtesy)

6. Have you visited KRA before?

No

Yes

Objectives and dates of previous visit

7. Is your proposed visit at the invitation of an KRA official?

No

Yes

Official's name

8. Number of visitors

Will an interpreter accompany participant(s)? No Yes

Purpose of visit

How do you intend to apply the learning's from KRA on returning to your own country?

If requested, is your delegation prepared to do a presentation on a topic of interest to KRA?

No

Yes

SECTION B: Topics requested

Topic 1

Please provide the name and brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by KRA topic specialists

Topic 2

Please provide the name and brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by KRA topic specialists

Topic 3

Please provide the name and brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by KRA topic specialists

Topic 4

Please provide the name and brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by KRA topic specialists

SECTION C: List of participants

Head of Delegation Details	
Name:	
Position / Title / Rank:	
Delegate Profile (Education and Employment background, 250 words)	
Other Delegates' Details	
Name:	
Position / Title / Rank:	
Delegate Profile (Education and Employment background, 150 words)	
Name:	
Position / Title / Rank:	
Delegate Profile (Education and Employment background, 150 words)	
Name:	
Position / Title / Rank:	
Delegate Profile (Education and Employment background, 150 words)	

Name:		
Position / Title / Rank:		
Delegate Profile (Education and Employment background, 150 words)		
Name:		
Position / Title / Rank:		
Delegate Profile (Education and Employment background, 150 words)		
Does any of the visiting delegates have special needs?	Yes:	No:
If yes above, kindly specify.		
(For additional delegates kindly add more rows or send as an attachment)		