

Application Guidelines

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.

Application Form

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- **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
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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)		