



KENYA REVENUE AUTHORITY

ISO 9001:2015 CERTIFIED
CUSTOMS AND BORDER CONTROL DEPARTMENT
RULES OF ORIGIN

APPLICATION FOR REGISTRATION OF EXPORTERS FORM

1.	Full name of exporter (<i>Use capital letters</i>)		
2.	PIN		
3.	Postal Address of the Exporter	Physical Address of the Exporter	
4.	Contact name and designation		
5.	Office Phone number:	Mobile Number:	
6.	E-mail address		
8	Type Of Business <small>Please tick if producer of otherwise</small>	Manufacturer/Producer	Supplier/ Distributor
9	State nature of the business (<i>tick appropriate box</i>)	Company	Manufacturer
		Sole Proprietor	Supplier/ Distributor
10	Intended Markets <i>Please tick against the appropriate certificate intended for use upon registration</i>	EAC COMESA AfCFTA EUR. 1 GSP AGOA Other (Please specify)	
11	If you are not the manufacturer, give details of the supplier(s) who supply you with the goods that you export and attach copies of Supplier/Producer's declarations	Supplier	Goods supplied

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12	Estimated quantities and value of consignments to be exported each year	(a) No of consignments <i>Annual Estimated Consignments per category</i>	(b) Value <i>Annual Estimated value in KES per certificate of origin</i>
	EAC		
	COMESA		
	AfCFTA		
	EUR. 1		
	GSP		
	AGOA		
13	Details of goods to be exported under preference	Description of Goods	HS 8-digit Code
	<i>If the space is not sufficient additional papers can be attached but they have to be certified by the company contact in 'Box 4' and stamped.</i>		

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14 Declaration (complete and sign) I declare to the best of my knowledge that the information provided in this application form and any supporting documents is correct. Full name: <i>(in capital letters)</i> Signature: Designation: <i>(e.g. Director, Company Secretary, etc.)</i> Date: Company stamp: <div style="border: 1px solid black; height: 100px; width: 200px; margin: 10px auto;"></div>	15. For official use only: Date of receipt of application: Date of approval: Authorisation/Exporter's number: Name of authorising official: <i>(Name in full and in capital letters)</i> Signature: Official date stamp: <div style="border: 1px solid black; height: 100px; width: 200px; margin: 10px auto;"></div>
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Note:

(i) Please use additional sheets of paper if the space provided in the form is inadequate. These must be signed by the contact person and stamped.

(ii) Certified copies of relevant documents must be attached

- Company or Business Registration Certificate
- ITAX pin certificate
- Currents relevant sector Certificate (e.g. HCD for fresh produce and flowers, Mining Licence for minerals, Ministry of Industrialization Cert for AGOA, etc)

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FOR OFFICIAL USE

To be filled by the verifying officer

Date of Verification		
Verifying Officers		
Verification Remarks		
Criteria Applicable	EAC	
	COMESA	
	AfCFTA	
	EUR 1	
	GSP	
	AGOA	
Registration Number	KEN	
	REX (if applicable)	
	NBI/MSA/NKU/ELD/KSM	
	Fresh Produce/ Minerals (P)/ Manufacturer/Producer (M)/ Distributor/ Supplier (D)	
	Number	
Registration Date		
Registering Officer/s Name, Designation and Signature		
Ref. Number Of Registration Letter (attach copy)		

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