

Association of Skilled Migrants Agencies of Kenya

MEMBERSHIP APPLICATION FORM

Date of Application	/ /
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COMPANY NAME						COMPANY CERTIFICATE NO:				
P.O.BOX		COUNTY		BUILDING		FLOOR		SUITE		
COMPANY CONTACTS		1			2			3		
EMAIL ID	1				2					

DIRECTOR 1				ID/PP NO			NATIONALITY		
DIRECTOR 2				ID/PP NO			NATIONALITY		
DIRECTOR 3				ID/PP NO			NATIONALITY		
DIRECTOR 4				ID/PP NO			NATIONALITY		

Attach copies of ID/PP

**Attach working/residence permit copy if non-kenyan

<i>COMPANY/AGENCY REGISTERED/LICENSED BY</i>		<i>CERTIFICATE NO</i>	<i>YEAR</i>
1	MINISTRY OF EAST AFRICAN COMMUNITY ,LABOUR AND SOCIAL PROTECTION –		
2	KENYA NATIONAL CHAMBER OF COMMERCE & INDUSTRY		
3	COUNTY – SINGLE BUSINESS PERMIT		
4	COMPANY REGISTRATION CERTIFICATE		

Attach copies

NAME OF PERSON IN CHARGE					ID/PP NO			
POSITION			MOBILE NO			EMAIL		

Attach ID/PP Copy & Letter of Appointment (Where it is an employee who is incharge)

APPROVED AND ISSUED WITH CERTIFICATE NUMBER -----