

Association of Skilled Migrants Agencies of Kenya

MEMBERSHIP APPLICATIONFORM

Date of Application

/ /

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/Director/s coloured passport photo		**Attach working/residence permit copy if non-Kenyan

COMPANY/AGENCY REGISTERED/LICENSED BY		CERTIFICATE NO	YEAR
1	VALID NEA CERTIFICATE / NEA NOTIFICATION		
2	KENYA NATIONAL CHAMBER OF COMMERCE & INDUSTRY (Optional)		
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 in charge)		

APPROVED AND ISSUED WITH CERTIFICATE NUMBER