



**KENYA PLANT HEALTH INSPECTORATE SERVICE
(KEPHIS)**

Exporter Registration Form

(This form MUST be filled by the owner of the Company)

Company Information

Name of Entity: _____

Type of Entity:
(Company/Partnership/Sole Proprietorship/Other) _____

Address: _____
Street Address

Phone/Cell: _____ **E-mail:** _____

Company Contact Person: _____
Last First

Phone/Cell: _____ **E-mail:** _____

Company PIN/ registration no: _____ **Director's/Owner's Individual PIN:** _____ **Company Contact Person's Individual PIN:** _____

Location of farm or Warehouse/Go-down: _____ **Acreage of farm:** _____

Type of produce to be exported? *Fresh* *Dry* **Crop:** _____

Intended export market: _____

Do you know the requirements of your intended export market? *YES* *NO*

Preferred date of farm or warehouse/go-down audit: _____

Disclaimer and Signature

I _____ of _____ certify that, my answers are true and complete to the best of my knowledge. I enclose a fee of KShs: _____ for advance payment of KEPHIS services and audit fees.

Signature: _____ Date: _____