



## Association of Skilled Migrants Agencies of Kenya

### MEMBERSHIP APPLICATION FORM

Date of Application / /

COMPANY NAME						COMPANY CERTIFICATE NO:			
P. O. BOX		COUNTY		BUILDING		FLOOR		SUITE/RM	
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		

COMPANY/AGENCY REGISTERED/LICENSED BY		CERTIFICATE NO	YEAR
1	NATIONAL EMPLOYMENT AUTHORITY		
2	CHAMBER OF COMMERCE & INDUSTRY (Where applicable)		
3	COUNTY-SINGLE BUSINESS PERMIT		
4	COMPANY REGISTRATION CERTIFICATE		
5	UPDATED CR12		
Attach copies			

NAME OF PERSON INCHARGE				ID/PP NO	
POSITION		MOBILE NO		EMAIL	
Attach ID/PP Copy					

APPROVED AND ISSUED WITH CERTIFICATE NUMBER -----