

Agrochemicals Association of Kenya



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Protect to Provide

APPLICATION FOR MEMBERSHIP

Part I: Applicant's full particulars

Name: PIN No.

Physical Address:

Postal Address:

Telephone/Fax.....

E-mail/Website

Type of business registration:

Registration Number and date

Owners: (1)..... PIN No

(2)..... PIN No.....

(3) PIN No

(4) PIN No

Directors: (1) PIN No.....

(2) PIN No

(3) PIN No

Chief Officers Name(s)

Qualification

(1)

(2)

(3)

Category of membership applied for:

Person and Position of person signing application:

Person and Position to be appointed to liaise with AAK:

Category of Pest Control Business:



All correspondence to be addressed to the Chief Executive Officer/Secretary

Category	Remarks
Manufacturer	
Formulation Development	
Subsidiary of Manufacturer	
Manufacturer's Rep/Agent	
General Importer	
Local Formulator	
Local Repacker	
Local National Distributor	
Local Regional Distributor	
Consultant/Trainer	
Screening Organisation	
Private Farm Enterprise	
Parastatal Farming Organisation	
Overseas	
Others	

Part II: Proposing/Seconding Company

Proposing Member

Name:(Member)

Membership No:

Name of Officer:

Position:

Signature

Rubber Stamp

Seconding Member

Name:

Membership No:

Name of Officer:

Signature

Position:

Rubber Stamp

Part III: Declaration by the applicant

We the Directors/Owner(s) of solemnly declare as follows:

- that we have read and understood the AAK's code of practice
- that we are familiar with the Pest Control Products Act (Cap.346 Laws of Kenya) together with its subsidiary legislations
- that we have read and understood the AAK's Constitution and we subscribe to its contents, philosophy and spirit
- that we accept the authority of the AAK in the disciplining of members who are in breach of the constitution or code of conduct

- that we commit to abide and conform to the AAK code of conduct and operate within the confines of both the code and the Act and any other subsequent laws and regulations pertaining to pest control products.
- We further declare that all information given herein is true to the best of our knowledge and we understand that any deliberately misleading information may render this application null and void.

Signed and stamped by applicant:

In the presence of:

Full name:.....

Address:.....

Signature.....

Date:

NB:

- Attach a copy of certification of incorporation
- Attach a copy of V.A.T certificate
- Attach a copy of PCPB licence

Part IV: For Office Use Only

Date received

Date presented to Sub-committee

Date approved by Executive Committee

Membership fee paid

Annual subscription

Logo fee

Membership number

Chairman's signature

Chief Executive Officer's signature