



Kenya Ports Authority

COMMERCIAL LICENSING QUESTIONNAIRE FORM

1. The attached questionnaire must be filled in all respects by all applicants for new or renewal of Port Licenses.

FAILURE TO COMPLETE ANY PART OR OMISSION OF ANY REQUIRED DOCUMENT WILL LEAD TO AUTOMATIC DISQUALIFICATIONS OF THE APPLICANT

2. Every information given by the applicant shall be treated in strict confidence.
3. The Authority shall accept or reject any application giving reasons to the applicant.

NB: Applicants should note that any information given in this questionnaire and later is found to be incorrect shall also render the applicant to be disqualified:-

1. Name of the Company/Applicant.....
2. Nature of Business.....
3. Registered Office and physical address, telephone no.
4. Name and Nationalities of the Directors
 - (i) (iii)
 - (ii) (iv)
5. Do you have any other business in the port?
If yes, state the name and nature of the business.
.....
6. How long have been operating in the port?
.....
7. Attach the following documents (photocopies)

- (i) Single Business permit
- (ii) Certificates of Registration
- (iii) Insurance Cover (WIBA, motor vehicles/lorries & registration number of the motor vehicles)
- (iv) Two (2) letters from (2) Ships Agents (if applicable)
- (v) Health certificate (ship chandlers, canteens and fresh water)
- (vi) NEMA certificate (garbage & ship waste collector, sludge collector/ waste oil)
- (vii) Certificate of good conduct
- (viii) Tax compliant certificate

DECLARATION

I/Weon behalf of

Declare that the above information is correct to the best of my/our knowledge.

SignedDate

Position



**Kenya Ports Authority
Application for operating License**

(To be completed in 3 Copies)

1. Type of business
2. Last or Family Name
3. ID/Passport No.
4. Nationality.....
5. Business Address & Residential Address i.e. Plot No.
House No.AreaTown
Office telephone no.....Mobile no.....email address.....
6. Do you run any other business in the Port? YES/NO
.....

PART “A” (TO BE COMPLETED BY CUSTOMS)

I do not object to the issue of a license to the above named because

Signature
Official Stamp

PART “B” (TO BE COMPLETED BY THE HEAD OF SECURITY SERVICES)

I do not object to the issue of a license to the above named because

Signature
Official Stamp

PART “C” (FOR OFFICIAL USE)

Application APPROVED/NOT APPROVED
License No.
Date Issued.....