



ISO 9001:2015 CERTIFIED

**APPLICATION FORM**

I would like to apply for accreditation to the **Authorised Economic Operator (AEO)** Programme that you offer.

I take cognisance of all the conditions listed below so as to be part of this programme, and hereby confirm my unreserved adherence to the said conditions, namely:

- a) Submission of this form completed does not mean acceptance to this programme.
- b) As an AEO I shall comply with all laws and regulations under the East African Community Customs Management Act, 2004.
- c) That the Commissioner of Customs and Border Control Department may at any time cancel my participation in the AEO programme under the contingencies of the Customs.
- d) Any other conditions as may be imposed by the Commissioner of Customs & Border Control under this programme.

Date .....

\_\_\_\_\_  
**« Name of the Signatory »**

\_\_\_\_\_  
**« Title »**

\_\_\_\_\_  
**« Signature and Company stamp »**

**I. COMPANY INFORMATION**

Corporate Name.....

Legal Status.....

PIN.....

Postal Address.....

Physical address (*please state*) Town.....Street.....

Building.....Floor.....

Phone: .....

E-mail :.....

Names of Directors/Partners	ID/ Passport No.	Signature
a).....	.....	.....
b).....	.....	.....
c).....	.....	.....
d).....	.....	.....

**Type of Client** (*tick appropriate*)

Importer/Exporter     Licensed Clearing Agent     Transporter     Other (specify) .....

**CONTACT PERSON**

Surname

Other Names

Title

Direct Phone Line

Mobile

E-mail

# AUTHORISED ECONOMIC OPERATOR

Please state the **main nature** of your business

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.....

**REGION OF SUPPLY:** Please tick (√) the region/s you import from

	Region	√		Region	√
1	Africa	<input type="checkbox"/>	5	Europe	<input type="checkbox"/>
2	Asia excluding Japan	<input type="checkbox"/>	6	Japan	<input type="checkbox"/>
3	Australia and Oceania	<input type="checkbox"/>	7	Mexico and South America	<input type="checkbox"/>
4	Canada and USA	<input type="checkbox"/>	8	Arctic and Antarctic	<input type="checkbox"/>

Level of activity (**average number** of imports/exports/transit consignments processed per month)

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.....

What was the **average gross turnover** of your business per annum over the last three years?

Current Year  
(N).....  
(N-1).....  
(N-2).....  
.....

What was the **actual amount paid as tax to Customs** during the last three years?

Current Year  
(N).....  
(N-1).....  
(N-2).....  
..

What is the **value of your total imports/exports and/or transit** consignments per month?

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How many **employees** does your company have?

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Briefly describe the **organization structure** of your business (You may attach an organization chart).

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**II. COMPLIANCE RECORD**

What **customs procedures** does your company and directors comply with?

	Procedure	√		Procedure	√
1	Imports duty paid		7	Imports duty free	
2	Transit		8	Warehousing	
3	Exports		9	EPPO	
4	TREO		10	EPZ	
5	Bonded Warehouse		11	CFS/ Transit Shed/ ICD	
6	Transit Go-down		12	Customs Agent Licensing	

If the **procedure is not listed** above, please state procedure/s that you comply with.

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What **other tax procedures** does your company comply with?

	Procedure	√		Procedure	√
1	PAYE		3	VAT	
2	Withholding tax		4	Other	

If the **procedure is not listed** above, please state procedure/s that you comply with

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 .....

Have you ever been **investigated for fraud** and/ or **tax evasion**? Yes  No

If **yes**, briefly state the investigation and by whom

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 .....

Do you have any **outstanding queries/** issues with KRA?      Yes                      No   

If **yes**, briefly state the query / issue and by whom (i.e.with which department/section of KRA)

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From the list below please tick (√) the sector of goods that you import, export, manufacture or generally handle.

	<b>Sector</b>	√
1	Agriculture	<input type="checkbox"/>
2	Chemicals	<input type="checkbox"/>
3	Petroleum and petroleum products	<input type="checkbox"/>
4	Leather, paper and textile	<input type="checkbox"/>
5	Stone, glass, precious metals, base metals, articles of metals, machinery and electrical equipment	<input type="checkbox"/>
6	Railways, vehicles, planes, other transport equipment, optical and medical apparatus, clocks, watches and miscellaneous manufactured articles	<input type="checkbox"/>

If the goods are **not listed** above, please state goods that you deal with

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Does your company prepare **regular reports**?    Yes                      No   

If **yes**, briefly describe those reports

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**III. ACCOUNTING AND LOGISTICAL SYSTEMS**

Does your **accounting system** conform to International Accounting Standards?    Yes                      No   

If **yes**, briefly describe the accounting system followed

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Do you have any **internal control** system procedures put in place? Yes  No

If **yes**, briefly describe those procedures

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Do you have any **stock control** procedures? Yes  No

If **yes**, briefly describe those procedures

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Do you annually apply for any **Customs License**? Yes  No

If **yes**, briefly describe licenses applied for

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Are you registered to use the **Simba 2005/iCMS** System? Yes  No

Have you any type of **information systems** security? Yes  No

If **yes**, briefly describe your systems security

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Who are your **Clearing Agents**? *(Fill only if applicable)*

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Who are your **Transporters**? *(Fill only if applicable)*

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**Any other relevant information?**  
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**IV. FINANCIAL SOLVENCY**

Is your **ratio of debt to assets** within industry standards? Yes  No

If **No**, briefly demonstrate the ratio and whether it is viable

Current Year

(N).....

(N-1).....

(N-

2.).....  
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Has your company ever been involved in any form of **Insolvency/Bankruptcy** case? Yes  No

If **yes**, briefly describe the causes and how you settled the case

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**V. SAFETY AND SECURITY**

Does your business/company have a **code of conduct**?

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Who (*title*) in your business is responsible for security and safety measures?

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Have you **documented** your **safety and security measures**? Yes  No

If **yes**, briefly describe those measures

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Have you **documented** procedures for **recording and reporting incidents**? Yes  No

If **yes**, briefly describe those procedures

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Does your insurance company, suppliers, and/ or customers impose any **security requirements** of you?

Yes  No

If **yes**, briefly describe those requirements

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Briefly describe the **physical security** of your business.

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How do you ensure the **security of goods** from the port/airport to its intended destination?

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Briefly describe the **security of goods** stored in your licensed warehouse *(if any)*



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Do you have a **documented procedure** for dealing with staff, visitors and deliverers? Yes  No

If **yes**, briefly describe those procedures

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**Declaration:**

**I** ..... (Name)

**Of** ..... (Company)

**Do hereby declare that the information given above is true to the best of my knowledge.**

**Signed**.....

Rank.....

Date .....

Company .....

**Attachments**

- 1) Copy of Registration Certificate
- 2) Copy of Clearing Agent's License (*where applicable*)
- 3) Memorandum of Association
- 4) Audited Company Accounts (*last 3 years*)
- 5) Full checklist attached

**For official use only: (tick appropriate)**

- a) Approved \_\_\_\_\_
- b) Not approved \_\_\_\_\_

Reasons.....  
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Signed..... Date .....

**Commissioner**  
**Customs & Border Control Department**

**IMPORT/ EXPORT SECTION EMPLOYEES**

<b>S/N</b>	<b>SURNAME</b>	<b>OTHER NAMES</b>	<b>ROLE</b>	<b>EDUCATIONAL QUALIFICATIONS</b>	<b>EMAIL ADDRESS</b>	<b>DIRECT PHONE LINE</b>	<b>MOBILE</b>
1							
2							
3							
4							
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7							
8							
9							
10							
11							
12							