

SCHEDULE

FORM 1

(r. 4 (1))

THE PERSONS WITH DISABILITIES (INCOME TAX DEDUCTIONS AND EXEMPTIONS) REGULATIONS, 2010.

APPLICATION FOR INCOME TAX EXEMPTION

(To be submitted in duplicate)

CONFIDENTIAL

PART I

The Director,  
National Council for Persons with Disabilities  
Nairobi

<p>For Official Use Only  Application No .....  Date Received .....</p>
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1. (a) Name of applicant.....  
Sex .....  
Date of Birth.....  
Marital status.....  
PIN Number .....  
Physical address.....  
Registration Number .....  
Postal address.....  
Telephone No.....Fax No. ....  
E-mail address..... Website.....

(b) If applicant is not the same as the person with a disability, please state the following particulars of the person with disability in respect of whom the application is made:

Name.....  
Sex .....  
Marital status.....  
PIN Number .....  
Physical address.....  
Registration Number .....  
Postal address.....  
Telephone No.....Fax No. ....  
E-mail address..... Website.....

(c) Relationship of applicant with person with disability (attach evidence).....

2. (a) Income Tax exemption is sought in respect of salary/self employment  
income/property/other (please specify in detail) .....  
.....

(b) If Income Tax exemption is sought in respect of salary please give the following  
information:

Name and address of employer.....  
Employment Number .....  
Gross salary (please attach most recent pay slip) .....  
List other benefits (if any) provided by the employer (e.g. car, telephone).....  
.....

(c) If tax exemption is sought in respect of self-employment income please give the  
following information:

Nature of self-employment (Specify in detail and attach evidence) .....  
.....  
Physical address of place of self-employment.....  
Annual income (attach all relevant evidence).....

(d) If tax exemption is sought in respect of property income please give the following information:

Full particulars of property or properties (registered owner, land reference number,  
physical location (attach evidence).....  
.....  
.....  
.....  
Approximate value of each property (please attach most recent pay)  
Tax assessed or demanded .....

**DECLARATION**

I, the undersigned hereby declare that all the information contained in this application is  
correct to the best of my knowledge and belief.

Name.....  
Signature.....  
Date.....

THE PERSONS WITH DISABILITIES ACT  
(No. 14 of 2003)

THE PERSONS WITH DISABILITIES (INCOME TAX DEDUCTIONS AND  
EXEMPTIONS) REGULATIONS, 2010

CERTIFICATE OF RECOMMENDATION FOR INCOME TAX EXEMPTION FOR  
PERSON WITH DISABILITY

Recommendation Number .....

It is hereby certified that the person described hereunder who is registered as a person with disability (Registration Number.....) has been recommended for income tax exemption in respect of salary/self employment income/property/other income.

- 1. Name of person.....
- 2. Sex.....
- 3. Marital status.....
- 4. PIN Number.....
- 5. Physical Address.....
- 6. Postal Address.....
- 7. Recommendation for income exemption (please specify in detail).....

This certificate expires on the.....day of ..... 20.....

Issued this ..... day of.....

Signature.....

Director, National Council for Persons with Disabilities

Made on the 10th March, 2010.

UHURU KENYATTA,  
*Deputy Prime Minister and Minister for Finance.*