



**AUTHORISED ECONOMIC OPERATOR**

**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 »**



**AUTHORISED ECONOMIC OPERATOR**

**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



AUTHORISED ECONOMIC OPERATOR

Mobile

[Input field for Mobile number]

E-mail

[Input field for E-mail address]

Please state the main nature of your business

[Dotted lines for business nature description]

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)

[Dotted lines for level of activity]

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?

[Dotted lines for value of consignments]



**AUTHORISED ECONOMIC OPERATOR**

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

.....  
.....

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

.....  
.....  
.....

**II. COMPLIANCE RECORD**

What **customs procedures** are applicable to your company?

	<b>Procedure</b>	✓		<b>Procedure</b>	✓
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 use.

.....  
.....  
.....

What **other tax** obligations/heads are applicable to your business/company?

	<b>Procedure</b>	✓		<b>Procedure</b>	✓
1	PAYE		3	VAT	
2	Withholding tax		4	Other	

If the **procedure is not listed** above, please state procedure/s that you engage in?

.....  
.....  
.....



**AUTHORISED ECONOMIC OPERATOR**

Has your company been **investigated for fraud** and/ or **tax evasion**? Yes  No

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

.....  
.....  
.....

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)

.....  
.....  
.....

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

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

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

.....  
.....  
.....

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

If **yes**, briefly describe those reports

.....  
.....  
.....

**III. ACCOUNTING AND LOGISTICAL SYSTEMS**



**AUTHORISED ECONOMIC OPERATOR**

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

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

.....  
.....  
.....

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

If **yes**, briefly describe those procedures

.....  
.....  
.....  
.....

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

If **yes**, briefly describe those procedures

.....  
.....  
.....

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

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

.....  
.....  
.....

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

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

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

.....  
.....  
.....  
.....

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

.....  
.....  
.....

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



**AUTHORISED ECONOMIC OPERATOR**

.....  
.....  
.....

**Any other relevant information?**

.....  
.....  
.....

**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).....

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

.....  
.....  
.....

**V. SAFETY AND SECURITY**

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

.....  
.....

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

.....  
.....

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

If **yes**, briefly describe those measures



**AUTHORISED ECONOMIC OPERATOR**

.....  
.....  
.....  
.....  
.....

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

If **yes**, briefly describe those procedures

.....  
.....  
.....  
.....

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

Yes  No

If **yes**, briefly describe those requirements

.....  
.....  
.....

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

.....  
.....  
.....

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

.....  
.....  
.....  
.....

Do you have a valid warehouse licence? Yes  No

Specify whether Customs or other?

.....  
.....

Is the bond currently in use sufficient to cover the goods in the license warehouse?

.....  
.....  
.....





**AUTHORISED ECONOMIC OPERATOR**

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

.....  
.....  
.....  
.....

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

If **yes**, briefly describe those procedures

.....  
.....  
.....  
.....

**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



**AUTHORISED ECONOMIC OPERATOR**

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

a) Approved \_\_\_\_\_

b) Not approved \_\_\_\_\_

Reasons.....

.....

.....

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							
5							
6							
7							
8							
9							
10							
11							
12							