

**ISO 9001:2008 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.
- b) That the Commissioner of Customs Services may at any time cancel my participation in the AEO programme under the contingencies of the Customs.
- c) Any other conditions as may be imposed by the Commissioner of Customs & Border Control under this programme.

		« Name	of the Signat	ory »
_			« Title »	
_	« Signature	and	Company	 sta

# **I.Company Information**

Corporate Name			 
Legal status.			 
PIN			 
Postal address			 
Physical address(please state) Town		Street	 
Building		Floor	 
Phone:	Fax:		
E-mail:			
Names of Directors/Partners ID/	Passport No.	Signature	
a)			
b)			
c)			
d)			
Type of Client (tick appropriate)			
Importer/Exporter Licen	sed Clearing Agent	Transporter	Other (specify)
CONTACT PERSON			
Surname			
Other Names			
Title			
Direct phone line			
Mohile			
F-mail			
Mobile E-mail			

LEVE	L OF ACTIVITY(average number	of imports	s/expo	orts/transit consignments processed per mo	onth)
REGI	ON OF SUPPLY Please tick ( $$ ) th	e region/s	s you	import from	
	Region	√		Region	√
1	Africa		5	Europe	
2	Asia excluding Japan		6	Japan	
3	Australia and Oceania		7	Mexico and South America	
4	Canada and USA		8	Arctic and Antarctic	
Pleas	e state the main nature of your bus	siness?			
What	was the average gross turnover of	your bus	iness	per annum over the last three years?	
What	was the actual amount paid as tax	to Custo	ms du	ring the last three years?	
What	is the value of your total imports/e.	xports and	d tran	sit consignments per month?	
How r	nany employees does your compa	iny have?			
Briefly	describe the organization structur	re of your	busin	ess (You may attach an organization char	t).

II.	Compliance Record	d				
_			1.2	1		
vvnat	customs procedures does you	r company ar	nd direc	ctors comply with?		
	T -	1 , 1				
	Procedure	√ 1		Procedure	V	
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		
 What	other tax procedures does you	ur company co	omply v	vith?		
	Day and days	1.1		December		
	Procedure	٧	•	Procedure	V	
1	PAYE		3	VAT		
2	Withholding tax		4	Other		
If the with	procedure is not listed above,	please state p	oroced	ire/s that you comply		
Have	you ever been investigated for	fraud and/ or	r tax ev	asion? Yes No	П	
ıı yes	briafly atata tha investigation	and his where				
	, briefly state the investigation	and by whom				
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-	u have any outstanding queries/ issues with KRA? Yes \ No \ briefly state the query / issue and by whom (i.e.with which department/section of KRA)	
	the list below please tick (√) the sector ofgoods that you import, export, manufacture or generally handle.	
- TOIN		1 /
	Sector	V
1	Agriculture	
2	Chemicals	
3	Petroleum and petroleum products	1
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	
	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

Does your accounting system conform to International Accounting Standards? Yes No If yes, briefly describe the accounting system followed
Dou 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 Sirver Si
Do you annually apply for any Customs License? Yes No Siriefly describe licenses applied for
Are you registered to use the Simba 2005 System or the ORBUS 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?
Any other relevant information?
Any other relevant information?
IV. Financial Solvency
Is your ratio of debt to assets within industry standards? Yes  \text{No}  \text{No}
If no, briefly describe the ratio and whether it is viable
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. <u>Safety and Security</u>
Does your business/company have a code of conduct?
Who 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
Have you documented procedures for recording and reporting incidents? Yes \( \square\) No \( \square\)
If yes, briefly describe those procedures
Does your insurance company, suppliers, and/ or customers impose any security requirements of you?
Yes No Strictly describe these requirements
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?
Briefly describe the security of goods stored in your licensed warehouse (if any)
Have you a documented procedure for dealing with staff, visitors and deliverers? Yes No If yes, briefly describe those procedures

Declaration:	
Of	
Do hereby declare that the information given above is true to the best of my knowledge.  Signed	I(Name),
Do hereby declare that the information given above is true to the best of my knowledge.  Signed	Of (Company)
Signed	
Rank	Do hereby declare that the information given above is true to the best of my knowledge.
Date	Signed
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)  For official use only: (tick appropriate) a) Approved b) Not approved  Reasons	Rank
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a) Approved b) Not approved  Reasons	
b) Not approved  Reasons	For official use only: (tick appropriate)
Reasons.  Signed.  Date	a) Approved
Signed	b) Not approved
Signed	
Signed	Reasons
Signed	
Commissioner	Signed
	Commissioner

**Customs & Border Control Department** 

### IMPORT/ EXPORT SECTION EMPLOYEES

SURNAME	OTHER NAMES	ROLE	EDUCATIONAL QUALIFICATIONS	OFFICIAL ADDRESS	DIRECT PHONE LINE	MOBILE