



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

CONTACT PERSON

Surname

Other Names

Title

Direct Phone Line

Mobile

E-mail



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		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	

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

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.....

What was the **gross turnover** of your business per annum over the last three years? (**N being the current year**)

(N)

(N-1).....

(N-2).....

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

Permanent

Contract

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.

	Sector	✓
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

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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

Do you have 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 **(Taking N as the current year)**

If **Yes**, briefly demonstrate the ratio and whether it is viable

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 cause 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

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

S/N	SURNAME	OTHER NAMES	ROLE	EDUCATIONAL QUALIFICATIONS	EMAIL ADDRESS	DIRECT PHONE LINE	MOBILE
1							
2							
3							
4							
5							
6							
7							
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11							
12							