APPLICATION FOR REGISTRATION AS AN OUT-GROWERS' INSTITUTION To Agriculture and Food Authority, I/We.....(Manager/Director(s)/agent of(Name of out-grower institution) Physical Address: Market. ... Location ... Sub-County Land Ref. No. Postal Address: Tel: Fax:E-mail (name of business enterprise) apply for the 6. registration of (name of out-grower institution). registered office of institution/ company The the will be at Copies of the following documents are attached to this application the memorandum and articles of association/or partnership agreement; b. the Certificate of Incorporation/Registration; the profiles of the investor(s) and directors/principal officers; c. a copy of the project profile or feasibility study showing the implementation period, program of implementation and operation dates; the evidence of financing and land ownership for the project; and f. the register of members. The Head Office of the institution /Company will be situated at 10. The Principal Officers of the Company and their qualifications are: 11. The date of the end of the financial year is 12. The Auditors of the out-grower institution are 13. The authorized share capital of the out-grower institution is Kshs./US\$: 14. The intended capital investment of the out-grower institution is Kshs./US\$ 15. The affiliated sugarcane mill(s):

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16. Sugarca	ne mill(s) acceptance:
that acceptable a	
Registered mille	er's Director/Principal Officer
	Signature
miller's stamp	
Body's Recomm	nendation stamp
17. Applicar	nt's Declaration
officer/duly authinstitution) ANI registration of the	of Post Office Box Number
Declared at	}
	} Authorized
officer	
Theday of	20} Before
me:	
	for Oaths/Notary Public
	copies of documents only where applicable
	SUMMARY (for official use only)
	:: or
_	itution Name:
	Incorporation (COI)/ Business Reg. Number(s): Company Status:
	on Date:
-	er: Town:
1 OSt BOX I VAINO	
	uncing Plan in Million US\$/Kshs:
	Local Equity Foreign Loan Local Loan
	Project
Objectives:	110ject
a.	
0	c.

Capacity:		(turnover or production p.a.)		
Employment:				
Foreign: Local:				
Total:				
Implementation Period:				
Estimated life of project:		Project		
Location				
Site/Plot/Block No.:				
Street: Sub-	-County:			
sketch map showing project location)				
Shareholders		Nationality	%	
Investment Breakdown	US\$/Ksl	ns.		
Pre-expenses				
Land/Buildings				
Plant and equipment		Vehicles		
		Furniture &		
Fittings		Working		
Capital				
Others				
TOTAL		Contact		
Details:				
Name:	Titl	e:		
Telephone: Fax: Email:				
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