

AGENT APPLICATION FORM

1. Name of proposed Agent
2. Type of Business/Commercial Activity (state the type of business activity being carried out by the entity).....
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3. Number of years the entity has conducted or carried out the commercial activity.....
4. Location of the place (s) of business

 - a) Postal address
 - b) Telephone Numbers
 - c) Physical address : LR No Building
 - d) Street/Village
 - e) Province, District, Division, Town, City
 - f) GPS Co-ordinates

5. Date of Incorporation/ Registration and Certificates/business permit number.....
6. PIN number
7. Business Working Hours and days
8. Particulars of owner (s) (directors/partners/proprietors)

NAME	DESIGNATION	NATIONALITY	DATE OF BIRTH	ID NUMBER	ADDRESS

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9. Number and Names of Related Business Outlet

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10. Name of Bankers

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11.DECLARATION

I/We, the undersigned, declare that to the best of our knowledge and belief, the information herein and any attachment is complete and accurate.

a) Owner (Proprietor/Partner/ Director)

(Name and Designation)

SignatureDate

b) Owner (Proprietor/Partner/ Director)

(Name and Designation)

SignatureDate

c) Owner (Proprietor/Partner/ Director)

(Name and Designation)

SignatureDate

WITNESSED BEFORE ME:

SIGNED (Witness)

COMMISSIONER FOR OATHS/MAGISTRATE

NOTE: *This Application must be accompanied by all the relevant documents and requirements here below.*

12. Provide the following supporting documentation:

- a) Copy of the Certificate of Incorporation or Certificate of Registration of business names as applicable.
- b) A brief description of commercial activity for the last eighteen months.
- c) Copy of valid Business License or Permit for the last eighteen months.
- d) A certificate of good conduct in the case of sole proprietor or partnership.
- e) Evidence of availability of funds to cover agent Money Remittance operations.