

QUESTIONNAIRE FOR COFFEE TRADE LICENSE APPLICANTS

1.0 Applicants Details

Name of Applicant				
Pin number of the Company				
Postal Address				
Phone Number				
Email address				
Physical Address- include County LR No, Sub County, and Ward				
Category of license applied for				
Directors	Name	ID number	Pin Number	
Shareholders and Shareholding	Name	ID number	Pin Number	Shareholding

2.0 Do the Directors listed above also serve as Directors or shareholders in other companies/companies that hold or have applied for any coffee-related trade licenses/license 1. Yes 2. No

3.0 Is your company a subsidiary of another company? 1. Yes 2. No

4. 0 If yes, provide details of the company in which your company is a subsidiary

Name of Company	
Pin number of the Company	
Postal Address	
Phone Number	
Email address	
Physical Address-	

include County LR No, Sub County, and Ward				
Directors	Name	ID number	Pin Number	
Shareholders and Shareholding	Name	ID number	Pin Number	Shareholding

5.0 Has the company in which your company is a subsidiary of, applied for and or hold any coffee related license 1. Yes 2. No

6.0 If yes provide the details of the licenses

Category of licenses applied for	Category of licenses held

7.0 Are there other companies that are also subsidiaries in the same company as your company?

1. Yes 2. No

8.0 If Yes, give the details of the companies

Name of Company	
Pin number of the Company	
Postal Address	
Phone Number	
Email address	
Physical Address- include County LR No, Sub	

County, and Ward				
Directors	Name	ID number	Pin Number	
Shareholders and Shareholding	Name	ID number	Pin Number	Shareholding

Note: For each company please fill in a separate table as above and attach

9.0 Give details of coffee-related licenses they hold or have applied for

Name of Company	Category of licenses applied for	Category of licenses held

10.0 Do you have any subsidiary companies? 1. Yes 2. No

11. If yes give details of the companies

Name of Company			
Pin number of the Company			
Postal Address			
Phone Number			
Email address			
Physical Address-include County LR No, Sub County, and Ward			
Directors	Name	ID number	Pin Number

Shareholders and Shareholding	Name	ID number	Pin Number	Shareholding

Note: For each company please fill in a separate table as above and attach

12. Give details of coffee-related licenses they hold or have applied for.

Name of Company	Category of licenses applied for	Category of licenses held

Declaration

I/We declare that all the information supplied above is true to the best of knowledge

Signed

Name

Signature

Official

Stamp

Declared at onday of.....20.....

Before Magistrate/Commissioner for Oaths