



**REPUBLIC OF KENYA  
MERCHANT SHIPPING ACT 2009  
MARITIME SERVICE PROVIDER REGISTRATION FORM**

1. Registered Name: .....
2. Address: .....
- Telephone: .....
- Email:..... Fax No: .....
3. Location of Office: .....
4. Date of Establishment..... Business Reg. No.....
5. Nature of Business (e.g. Shipping agent, Cargo Consolidator).....
6. Type of Vessels handled  
(Conventional, Container, etc.).....
7. Average annual volume of cargo handled by the Agency for the last 2 years  
20.....to 20.....

Name/Address of Principal	Nature of Service		
	Liner	Tramp	Coaster

REMARKS.....  
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I/We hereby declare that information given, herein is correct to the best of my/our knowledge. I/We therefore apply to be registered with the Kenya Maritime Authority with the Merchant Shipping Act 2009

.....  
Name of Agent/Manager

.....  
Signature/Date

Stamp/Seal
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**FOR OFFICIAL USE ONLY**

Fee paid for Application Forms Kshs/USD..... Receipt No. ....	Licensing fee paid Kshs/USD..... Receipt No. ....
Certificate.....	Approved by (Name).....
Valid Till.....	
Remarks.....	
Designation.....	Signature..... Date.....