TEL :0722408210 /0707407676 Email : info@fpckenya.co.ke

APPLICATION FOR MEMBERSHIP

Date:

Business Name:

Postal Address: Code:

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plot No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) \_\_\_\_\_\_\_\_\_\_

Mobile (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) \_\_\_\_\_\_\_\_\_\_

Fax: Email ­­­­­­­­­ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Certificate of Incorporation No/Business Certificate No:

Incorporated Date:

***(Please attach copies of Certificate of Incorporation, Business Certificate, ID and PIN Certificate)***

Nature of Business:

Date Established:

Type of Organization : Sole Trader\_\_\_\_\_\_\_\_/Partnership\_\_\_\_\_\_\_\_\_/Private Company\_\_\_\_\_\_\_\_ Cooperative\_\_\_\_\_\_\_\_\_ /Consultant \_\_\_\_\_\_\_\_\_/ Marketing Agent \_\_\_\_\_\_\_\_\_/Others \_\_\_\_\_\_

**DIRECTORS DETAILS**

Name: \_\_\_\_\_\_\_\_ TEL

Name: TEL

Name: TEL

Name: TEL

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**DECLARATION**

I/We apply to become a Member(s) of FPC Kenya on the understanding that I/we shall

adhere to the terms and conditions of the Association.

Yours Faithfully

Name:

Title:

Sign:

Stamp:

**FOR FPC KENYA ONLY:**

**APPROVED/NOT APPROVED………………………………………………………………………………..**

**DATE………………………………………………………………………………………………………………………..**

**SIGN………………………………………………………………………………………………………………………….**

**STAMP……………………………………………………………………………………………………………………….**

Fresh produce consortium of Kenya
Account No. 01136507311500
Co-operative Bank of Kenya
Embakasi junction Branch.

Paybill 400200

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