

LICENSING APPLICATION FORM

— THE PAN -AFRICAN BUSINESS STANDARDS AUTHORITY



COMPLIANCE FORM

Role in the Organization:

Date of Application :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Membership Type : ☐ Individual ☐ Enterprise ☐ Company

Organization's Name:

PERSONAL INFORMATION

Name of Applicant:

Place Of Birth :

Date Of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Full Address :

Status : ☐ Single ☐ Married ☐ Divorced ☐ Others

Nationality :

Postcode :

Mobile Number :

City / Country :

E-Mail Address :

Driver License : ☐ Yes ☐ No

Gender : ☐ Male ☐ Female

Current number of employees :

The Pan African Business Standards Authority

Mayfair Suites Westlands, Nairobi-Kenya

info@afribusinessauthority.com

www.afribusinessauthority.com

Applicants Signature

THANK YOU FOR YOUR INFORMATION