

# RULES OF ORIGIN APPLICATION FOR REGISTRATION OF EXPORTERS FORM

		XIERO FORM	
1.	Full name of exporter (Use capital letters)		
2.	PIN		
3.	Postal Address of the Exporter	Physical Address of the Exp	orter
4.	Contact name and designation		
5.	Office Phone number:	Mobile Number:	
6.	E-mail address		
8	Type Of Business Please tick if producer of otherwise	Manufacturer/Producer	Supplier/ Distributor
9	<b>State nature of the business</b> (tick appropriate box)	Company	Manufacturer
		Sole Proprietor	Supplier/ Distributor
10	Intended Markets Please tick against the appropriate certificate intended for use upon registration	EAC	
11	If you are not the manufacturer, give details of the supplier(s) who supply you with the goods that you export and attach copies of Supplier/Producer's declarations	Supplier	Goods supplied









12	Estimated quantities and value of consignments to be exported each year  EAC  COMESA  EUR. 1  GSP  AGOA	(a) No of consignments Annual Estimated Consignments per category	(b) Value Annual Estimated value in KES per certificate of origin
13	If you are the manufacturer please give details of how your goods meet the specific origin criteria in the Rules of Origin applicable in the intended market. Please provide evidence (e.g. manufacturing process, costings, etc.)  If the space is not sufficient additional papers can be attached but they have to be certified by the company contact in 'Box 4' and stamped	EAC COMESA EUR. 1 GSP AGOA	
14	Details of goods to be exported under preference  If the space is not sufficient additional papers can be attached but they have to be certified by the company contact in 'Box 4' and stamped.	Description of Goods	HS 8-digit Code









15	Declaration (complete and sign)	16. For official use only:	
	I declare to the best of my knowledge that the information provided in this application form	Date of receipt of application:	
	and any supporting documents is correct.		
	Full name: (in capital letters)	Date of approval:	
	Signature:	Authorisation/Exporter's number:	
	Designation: (e.g. Director, Company Secretary, etc.)	Name of authorising official:	
	Date:	(Name in full and in capital letters)	
		Signature:	
	Company stamp:	Official date stamp:	

#### Note:

- (i) Please use additional sheets of paper if the space provided in the form is inadequate. These must be signed by the contact person and stamped.
- (ii) Certified copies of relevant documents must be attached
  - Company or Business Registration Certificate
  - > ITAX pin certificate
  - Currents relevant sector Certificate (e.g. HCDA for fresh produce and flowers, Mining Licence for minerals, Ministry of Industrialization Cert for AGOA, etc)









#### FOR OFFICIAL USE

To be filled by the verifying officer

Date of Verification		
Verifying Officers		
Verification Remarks		
Criteria Applicable	EAC	
i i i	COMESA	
	EUR 1	
	GSP	
	AGOA	
Registration Number	KEN	
	REX (if applicable)	
	NBI/MSA/NKU/ELD/KSM	
	Fresh Produce/ Minerals (P)/	
	Manufacturer/Producer (M)/	
	Distributor/ Supplier (D)	
	Number	
Registration Date		
Registering Officer/s Name, Designation and Signature		
Ref. Number Of Registration		
Letter (attach copy)		





