**QUESTIONNAIRE FOR COFFEE TRADE LICENSE APPLICANTS**

1.0 Applicants Details

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| --- | --- |
| 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 |
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| Shareholders and Shareholding |

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| --- | --- | --- | --- |
| Name | ID number | Pin Number | Shareholding |
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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

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| --- | --- |
| 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 |

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| Name | ID number | Pin Number |
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| Shareholders and Shareholding |

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| --- | --- | --- | --- |
| Name | ID number | Pin Number | Shareholding |
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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

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| --- | --- |
| Category of licenses applied for | Category of licenses held |
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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

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| --- | --- |
| 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 |

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| --- | --- | --- |
| Name | ID number | Pin Number |
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| Shareholders and Shareholding |

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| --- | --- | --- | --- |
| Name | ID number | Pin Number | Shareholding |
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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

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| --- | --- | --- |
| Name of Company | Category of licenses applied for | Category of licenses held |
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10.0 Do you have any subsidiary companies? 1. Yes 2. No

11. If yes give details of the companies

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| --- | --- |
| 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 |
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| Shareholders and Shareholding |

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| --- | --- | --- | --- |
| Name | ID number | Pin Number | Shareholding |
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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.

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| --- | --- | --- |
| Name of Company | Category of licenses applied for | Category of licenses held |
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**Declaration**

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

**Signed**

Name Signature Official Stamp

Declared at ………………… on ……………day of…………………………….20………..

Before Magistrate/Commissioner for Oaths