

**1.8 ANNEXES**

**Annex 1: Exhibitor Application form KFCB/F/TC/01**



**KENYA FILM CLASSIFICATION BOARD**

**APPLICATION FOR REGISTRATION OF A FILM EXHIBITION IN KENYA**

1. Name of Company/Proprietors .....
2. Address .....
3. Telephone NO. ....
4. Town/Centre .....
5. Plot No..... Town .....
6. Name (s) of Director (s) of the company and their Nationalities:
  1. .... 2. ....
  - .....
  3. ....
7. Name of your exhibition:.....
8. Capacity of your exhibition:
  - No. of seats .....
  - Type of seats .....
9. No. of employees engaged or to be engaged .....
10. (a) No. of toilets .....
- (b) Type of Ventilation .....
- (c) No. of exit/emergency doors .....
- (d) No of fire extinguishers .....
- (e) Do you have a booking office? .....

- (f) Do you have a projection room? .....
- (g) Is projection by TV screen? .....  
If not state the type of projection  
.....

- 11. State other social entertainment facilities attached to the exhibition.....
- 12. Give details of any other theatres you operate elsewhere in Kenya .....
- 13. Do you have first aid kit in the premises?: .....

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**KENYA FILM CLASSIFICATION BOARD/DOC.NAME: TECHNICAL DEPARTMENTS PROCEDURES MANUAL/DOC REF;  
KFCB/MR/PM/04**

- 14. State amount of money you charge or intend to charge as admission fee:  
Adults.....  
Children .....
- 15. Give details of hours of operation per day.  
1<sup>st</sup> Show ..... Last  
Show .....
- 16. Furnish the following details:- (a) Name of;
  - (i). Nearest Police Station:.....
  - (ii). Chief's Office:.....
  - (iii). Nearest County Office:.....

**UNDERTAKING**

I am aware that it is an offence under Cap 222 of the Law of Kenya to exhibit to the public any film content which has not been examined and classified by the Kenya Film Classification Board and/or operate without a valid film license. I hereby agree to abide by the Cap 222 Laws of Kenya regulations and conform that the details given above are true to the best of my knowledge.

Name of proprietor .....

Signature .....

Date .....

**FOR OFFICIAL USE ONLY**

**APPLICATION:**

APPROVED BY.....

FEE PAID KSHS .....

VIDE RECEIPT NO. ....

LICENSE NO.....

SIGNATURE.....

DATE .....

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