



**APPLICATION FOR REGISTRATION OF FILMING AGENTS AND COMPANIES**

**NOTES:**

i) **This form should be completed and returned to the Film Licensing Officer:**  
Kenya Film Classification Board,  
P.O. Box 44226-00100, NAIROBI,  
Tel: +254- Telephone: +254 0711222204/ 2250600  
Fax: +254 20 - 2251258  
Email: [info@kfc.co.ke](mailto:info@kfc.co.ke), [licensing@kfc.co.ke](mailto:licensing@kfc.co.ke) together with the following documents:

- (a) Certificate of Registration Company
- (b) V.A.T. Certificate

ii) **The form should be completed in block letters**

1. **Name of Company:** -----

2. **Address:** -----

**Telephone No:** -----

**Physical Location**-----

3. **State previous experience in film making by indicating some production in which you have participated.**

TITLE	DATE
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4. **Give name /names of officials in your film company who have training and experience in film making techniques. Please provide Professional Certificates for the officials.**

NAME	NATIONALITY	TRAINING/EXPERIENCE
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5. Does your organization owns any filming equipment (e.g. cameras, generators, sound equipment... etc) Attach list on separate page.
6. Give a list of expatriates employed or who are directors/partners in your organization.

NAME	NATIONALITY	INCOME TAX NO
i) -----	-----	-----
ii) -----	-----	-----
iii) -----	-----	-----

7. Have you insured your staff and equipment? -----  
-- If yes give the Name of Insurance Company-----  
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**DECLARATION**

I hereby declare as follows:

- a) That the information I have given in this application is true and correct;
- b) I have not been convicted of an offence under the Films and Stage Plays Act Cap 222 of the Laws of Kenya.

-----20-----                      -----                      -----  
Date    Name    Signature

**FOR OFFICIAL USE ONLY**

- (i) Remarks: -----  
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- (ii) Approved: -----
- (iii) Not Approved: -----
- Signature: -----

Date: ----- 20-----