



**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 0711222204/ 2250600**  
Fax: +254 20 – 2251258  
Email: [info@kfcg.co.ke](mailto:info@kfcg.co.ke), [licensing@kfcg.co.ke](mailto:licensing@kfcg.co.ke) together with the following documents:

- (a) **Certificate of Registration of Company**
- (b) **KRA PIN Certificate**
- (c) **Professional Certificate**
- (d) **List of Equipment**

**ii) The form should be completed in BLOCK LETTERS**

1. Name of Company .....
2. Address .....
- Telephone No: .....
- Physical Location .....
- Email Address .....
3. State previous experience in filmmaking by indicating some production in which you have participated

TITLE	DATE
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