



APPLICATION FOR REGISTRATION OF FILM AGENTS

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, licensing@kfcg.co.ke together with the following documents:

- (a) Cover Letter
- (b) Certificate of Registration/Incorporation of Company
- (c) KRA PIN Certificate
- (d) Professional Certificate in audio-visual media production
- (e) 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 productions in which you have participated.

TITLE	DATE
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4. Give name(s) of officials in your film company who have training and experience in filmmaking techniques. Please provide Professional Certificates for the officials

NAME	NATIONALITY	TRAINING/EXPERIENCE
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5. Provide a list of equipment if your company owns film equipment.

6. Give a list of expatriates employed or directors/partners in your organization

NAME	NATIONALITY	INCOME TAX NO.
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7. Give the name of the Insurance company if your organization has insured its staff and equipment.....

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.

Name of Applicant: _____

Sign: _____

Date: _____

FOR OFFICIAL USE ONLY

A. (ii) Registration fees Kshs

B. (i) Approved Not Approved

Name of Officer.....

Signature:

Date: