



KENYA INVESTMENT AUTHORITY

INVESTMENT APPLICATION FORM

(Full and accurate completion of this form will speed up the project approval process)

A. DETAILS OF THE APPLICANT

(i) Name of Company / Business _____

(ii) Contact Person _____

(iii) Address of Contact Person _____

Tel _____

E-mail: _____

(iv) Legal form of the business Entity (Limited Company, Partnership, Etc.)

(v) Country and date of Incorporation _____

(vi) Indicate whether the Company is:-

(a) New []

(b) Operating []

(vii) How did you know about KenInvest?

(viii) What were the most important factors that influenced your decision to invest in Kenya?

B. PROPOSED LOCATION OF BUSINESS

- (i) Land Registration Number (L.R. No.) _____
- (ii) Street/ Road _____ Town _____
- (iii) District _____

C. COMPANY SHAREHOLDERS

| Name of Shareholder | Shareholder Country of residence | Address | %shareholding |
|---------------------|----------------------------------|---------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

D. COMPANY DIRECTORS

| Name of Director | Nationality | Address |
|------------------|-------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

(i) Sector _____

(ii) Project Description (Products/Services)

(E) EMPLOYMENT DETAILS

| | |
|-----------------------------|---------------|
| KENYAN EMPLOYEES | NUMBER |
| Managerial | _____ |
| Skilled | _____ |
| Unskilled | _____ |
| Total | |
| EXPATRIATE EMPLOYEES | NUMBER |
| Management | _____ |
| Skilled | _____ |
| Total | |

(i) Explain need for expatriate employee(s)

(F) INVESTMENT AND FINANCING PROGRAMME**i. CAPITAL COSTS (ESTIMATED)**

| FIXED COSTS | AMOUNT |
|---------------------|---------------|
| Land, | |
| Plant and Machinery | |
| Working Capital | |
| Others | |
| TOTAL | |

ii. FINANCING PLAN

| Type of Financing | Foreign | Local |
|--------------------------|----------------|--------------|
| Equity | | |
| Debt | | |
| TOTAL | | |

PART V: DECLARATION

I hereby certify that the foregoing particulars are correct to the best of my knowledge.

Name _____

Signature _____

Date _____

Indicate Enclosures:

1. Certificate of Incorporation in Kenya.
2. Memorandum and Articles of Association
3. Others _____

To be submitted to:

MANAGING DIRECTOR
KENYA INVESTMENT AUTHORITY
P.O. Box 55704-00200
NAIROBI
Tel: +254 20 2221401-4, Mobile: 0722-205424 / 0733-601184
Fax: +254 20 2243862
Email: info@investmentkenya.com
Website: www.investmentkenya.com

FOR OFFICIAL USE ONLY

1. REF NO. _____
2. DATE RECEIVED _____
3. RECEIVING OFFICER _____
4. DATE PROCESSED _____

KENYA INVESTMENT AUTHORITY

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