

Application Form for Custom Duty/VAT Exemption on Regulated Tourism and Hospitality Activity or Service

I hereby wish to apply for custom duty /VAT exemption.

1. Name and contacts of Company seeking exemption (Name should be stated in full)

| Registered Name | Trading Name (Where Applicable) | | | |
|-----------------|---------------------------------|--|--|--|
| | | | | |

| Contact Details | | | |
|-------------------------|--|--|--|
| Town | | | |
| Street /Road | | | |
| County | | | |
| Postal Address and code | | | |
| Telephone 1 | | | |
| Telephone 2 | | | |
| Website | | | |
| Email Address | | | |

2. Full names of Directors/Proprietors (attach separate list if more)

| | Name | Nationality | Country of Residence | Ordinary Shares |
|----|------|-------------|-----------------------------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

3. Investment (attach separate list if more)

a. Accommodation facilities

Estimated total value of investment (in KSh.)

Number of branches_____

| Name of branch | Location | No. of employe es | No. of rooms | No. of beds | Investment value of branch (KSh) |
|----------------|----------|-------------------------|-----------------|----------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

b. Tour Operators

Estimated total value of investment (in KSh.): _____

Number of branches_____

| Name of branch | Locat ion | No. of employe es | No. of Vehicl es | No. of other motor vehicles e.g. boats, ships e.t.c | Investment value of branch(KSh) |
|----------------|--------------|-------------------------|------------------------|--|---------------------------------------|
| | | | | | |
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| | | | | | |

Cost of goods for which customs duty /VAT exemption is sought for ______

| PIN No. | | | |
|--------------------------------------|---------|----------|--|
| Tax Compliance Certificate No. | | _and exp | biry date |
| Tourism License Number | | | |
| Is this a new establishment? Yes | | No | |
| If yes, Project commencement date | | | |
| Date expected to begin business oper | rations | | ······································ |

Declaration

I/We hereby certify the information provided in this application is true and correct.

| Name | ID/Passport N | ID/Passport No | | |
|-----------------------|---------------|----------------|--|--|
| Designation | Signature | | | |
| For official use only | | | | |
| Verified by: | | | | |
| Name | Date | Signature | | |
| | | | | |