MINISTRY OF CO-OPERATIVE DEVELOPMENT AND MARKETING OFFICE OF THE COMMISIONER FOR CO-OPERATIVE DEVELOPMENT

Telegrams: CO-OPS NAIROBI Telephone: 020-2731531 Website: cooperative.go.ke

FAX 240096



SOCIAL SECURITY HOUSE, NAIROBI BISHOPS ROAD, PO.BOX 30547-00100 G.P.O. NAIROBI

APPLICATION FOR INCLUSION IN LIST OF AUTHORIZED AUDIT FIRMS TO CARRY CO-OPERATIVE AUDITS FOR YEAR.....

	the undersigned, practicing as.	Name of Firm)		
	,	, , , , , , , , , , , , , , , , , , ,		
NO	NAMES OF BARRIERS	ICDAIZ	DD A CELCUNG	
NO	NAMES OF PARTNERS	ICPAK	PRACTICING	
		REG NO.	CERT NO.	SIGNATURE
1				
2 3				
3				
5				
7				
	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM		CAP 490 laws of I	•
DET	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm:	Rules 2004 durin	CAP 490 laws of Ing the year	Kenya when read wi
DET A	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm:	Rules 2004 during a sentered on the	c CAP 490 laws of Ing the year	Kenya when read with
DET A Name Firms	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name)	Rules 2004 during as entered on theDate of Regi	c CAP 490 laws of Ing the yearer registration certific	Kenya when read with
DET Name Firms Firms	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name Registration Number:	Rules 2004 during as entered on theDate of Regi	c CAP 490 laws of Ing the yearer registration certific	Kenya when read with
Name Firms Firms Locat	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name Registration Number:	Rules 2004 during as entered on the control of Regions	c CAP 490 laws of Ing the yearer registration certific	Kenya when read with
Name Firms Firms Locat Physic	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name Registration Number: Pin Number:	Rules 2004 during as entered on the common c	c CAP 490 laws of Ing the yearer registration certific	Kenya when read with
Name Firms Firms Locat Physi Posta	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name) Registration Number: Pin Number: cion of the firms head office: ical Location:	Rules 2004 during as entered on the common c	e registration certific	Kenya when read with
Name Firms Firms Locat Physi Posta Emai	7(2) of the Co-operative Societies AILS OF MY/OUR FIRM of the Firm: (Full name Registration Number: Pin Number: tion of the firms head office: ical Location:	Rules 2004 during as entered on the control of RegionsDate of Regions	e registration certific	Kenya when read with

(A)Branch 1 Physical Location: Postal Address: Email Address: Telephone: Fax: (A)Branch 2 Physical Location: Postal Address Email Address: Telephone: Fax: (Include other branches on an extra attachment) We understand the consequences of inclusion of a false particular herein and do hereby accept to fully abide with all relevant provisions of Co-operative societies act and other requirements by commissioner of co-operative development in discharging duties as Auditors. Declared for and on behalf (Name of the firm) Date Managing Partner Name, Signature and Stamp. OFFICIAL USE ONLY Received & Checked by: Date: **Subscriptions Status:** Date: Disciplinary Status: Date: Inclusion in list of Authorized Audit firms

Date:

Attachments.

Done by:

- 1. Copy of practicing certificate.
- 2. Copy of certified business name.
- 3. Copy of Pin certificate of firm.
- 4. Copy of VAT registration certificate.

Location of all branches (if any):

5. Bankers Cheque of ksh. .3000

NB: Registration is renewable annually by 15th January.