



**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](mailto:info@kfcg.co.ke), [licensing@kfcg.co.ke](mailto: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
.....	.....
.....	.....
.....	.....
.....	.....

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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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: .....