

APPLICATION FORM FOR REGISTRATION AS A LEVY CONTRIBUTOR – FORM 1

Particulars of the Employer:

1. Name of Employer
2. Nature of Business
3. Registered Name of Business
4. Certificate of Registration/Incorporation/Compliance No (**Attach Copy**).....
- 5 Date of Registration
6. Date of Commencement of Business
7. PIN No **(Attach copy)**.....
8. Location of Registered Office
- Town: Road/Street
- Building/Floor
9. P.O. BoxCode:
10. Tel. No(s).....
11. Fax No.....(12) E-Mail Address:
13. Website (If Any)
14. Total No. of Employees
- a) Directors/Managers/Supervisors
- b) Non Managerial Staff
- c) Contract Staff
- d) Casual/Temporary Staff
- e) Trainee/Apprentices/Indentured Learners
15. a) Name of Contact Officer
- b) Designation

I certify that the information given herein is true to the best of my knowledge.

Name: Chief Executive Officer

Signature: Date:

Seal/Stamp

Note: This Application should be forwarded to the **Director General, National Industrial Training Authority, P.O. Box 74494 – 00200, NAIROBI** or through the nearest **Regional Industrial training Levy office**