



AGRICULTURAL DEVELOPMENT CORPORATION
ADC LIVESTOCK GENETICS CENTRE

P.O BOX 917-30200, KITALE

TEL: 02 02250695 ;

E-mail: livestockgenetics@adc.go.ke , kitaloffice@yahoo.com

DISTRIBUTOR AGENT APPLICATION FORM

Date.....

1	Name of Enterprise				
2	Postal Address and Code				
3	Name of Principal Contact Person				
4	Position of Principal Contact Person				
5	Telephone Numbers	Landline..... Mobile.....			
6	E-mail Address				
7	Physical Location of Business Premises <i>(Note that a visit to your office may be made to confirm information provided, as part of the tender evaluation)</i>	Town..... Street..... Building Floor			
8	Nature of Enterprise (e.g. sole proprietorship, Limited Liability Company, Partnership etc)	<table border="1"><tr><td>Limited Liability Company</td><td>Sole Proprietorship</td><td>Partnership</td></tr></table>	Limited Liability Company	Sole Proprietorship	Partnership
Limited Liability Company	Sole Proprietorship	Partnership			

9	Products currently being sold by Enterprise	Genetics..... Agrochemicals..... Feeds and feed additives.....
10	Mode used in marketing Products
11	Partnerships with other Organizations /Enterprises	Names
12	Area of Operations	Sub Counties.....
13	Average number of Customers served in a Month
14	Business Operations	1. Year established 2. Duration of business Operation.....
15	Business Registration	Indicate Registration Number:..... Indicate if Copy is Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
16	VAT & PIN Registration	Indicate Registration Number:..... Indicate if Copy is Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Valid Tax Compliance Certificate	Indicate Registration Number:..... Indicate if Copy is Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>

18	KVB Registration number of staff	Indicate the Name Registration Number:..... Indicate if Copy is Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
19	County Director Veterinary Services licence	Indicate number..... Indicate if Copy is Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Have semen and liquid nitrogen handling capacity	Indicate capacity ; Semen(Straws)..... Liquid nitrogen(Litres).....
21	Bank statement for the last 6 months	Attach; Copy

Name of ProprietorSignature..... Date

Witness nameSignature..... Date