

KENYA INSTITUTE OF SUPPLIES MANAGEMENT
APPLICATION FOR A SUPPLIES PRACTITIONER'S LICENSE

Applications addressed to: -

The Registration Committee
 Kenya Institute of Supplies Management
 P. O. Box 30400-00100
 NAIROBI

SECTION A

This section should be filled in by the Managing Supplies Practitioner in the case of a firm. In case of individual applications, it should be filled by those seeking to be registered as Supplies Practitioners.

1. Applicant's surname
(Block Capitals)

2. Applicant's other names
(Block Capitals)

2.1 Main Address at which Practice located or to be located:

Physical location:

.....

Town/District:

Mail Address:

Telephone No:

Telefax No:

Email Address:

3. KISM Registration Number Date of Registration

OFFICIAL USE ONLY

Application No Registration No

Date Received Gazette Notice

Receipt No Date Certificate Dispatched/...../.....

Date Acknowledged Certificate acknowledged...../...../.....

Approved/Rejected Minute No. Registrar Sign Date.....

Deferred Minute No. Registration Committee
 Chairperson's Sign Date.....

4. Employment History: -
(Use reverse if necessary)

Name and Address of Organization/Company	From	To	Position Held	Description of Responsibilities

5. Names and contacts of Supplies Practitioners with whom served

Name of Practitioner	Firm Name	Period	
		To	From

6. State the names and addresses of two (2) referees who are able to vouch for your professional ability and general character. Both referees must be registered members of KISM, one being among those listed in No. 5 above. Persons named here must not be related to the applicant by birth.

Name	Reg. No	Contact Addresses

7. I..... hereby apply to be granted a Supplies Practitioner’s License as per provision in the Supplies Practitioners Management Act 2007

Signature Date

SECTION B

8. This section only applies for those intending to practice as a firm/sole proprietor/partnership/body corporate

8.1 Name of Practice

8.2 Main Address at which Practice located or to be located:

Physical location:

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.....

Country

Town/District:

Postal Address:

Telephone No:

Telefax No:

Email Address:

8.3 Branch Offices:

Physical Location

Town/District:

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9. Registered Supplies Practitioners in the Firm.

Name	Registration No	Supplies Practitioners License No

- 10. Does (will) the firm provide other related professional services apart from procurement and supply chain management services
 Yes No

11. If the answer to No.10 is yes, list the other services planned to be offered.

12. Date planned for Practice to commence

SECTION C (To be filled by both individuals and firms)

13. Declaration

13.1. I hereby attach the relevant certified supporting documents

13.2. I hereby solemnly declare that the foregoing information is true to the best of my knowledge.

I acknowledge that any statement contained anywhere in this application which is known to me to be false shall invalidate this application and any decision reached thereon by the Registration Committee. I have read the Supplies Practitioners Management Act 2007, and I am aware of the penalties stipulated in connection with the provision of misleading information.

13.3. I further commit to fulfill any requirements set by the Supplies Practitioners Management Act 2007 and the regulations relating to Professional Standards, Continuing Professional Education, Quality Review, Professional Indemnity for practicing professionals and any other professional pronouncements that are in force or may be introduced in the future.

Applicant's Signature Date

Applicants Name (.....) Firm stamp

[In case of firms, to be signed by the Managing Supplies Practitioner]