

**FORM: I**

**REPUBLIC OF KENYA**

**MINISTRY OF LABOUR AND HUMAN RESOURCE DEVELOPMENT  
DIRECTORATE OF INDUSTRIAL TRAINING**

**The Industrial Training Act  
(Cap.237)**

**APPLICATION FORM FOR REGISTRATION AS A LEVY**

**CONTRIBUTOR**

**Particulars of the Employer:**

1. Name of Employer.....
2. Nature of Business.....
3. Registered Name of Business.....
4. Certificate of Registration No. .... (5) Date of Registration.....
6. Date of commencement of Business ..... (7) Pin.....
8. Location of Registered Office.....  
Town: ..... Road/Street.....  
Building/Floor .....
9. P.O. Box ..... Code: .....
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 return should be forwarded to the Director of Industrial Training,  
P.O. Box 74494 - 00200, **NAIROBI**.