

**KCB Building, Enterprise Road, Nairobi, Kenya.**

**P.O. Box 26777-00504 Nairobi, Kenya**

**0719408244/0780408244**

**Email: membership@smes.co.ke Website:www.smes.co.ke**

**UNITED SMEs ASSOCIATION OF KENYA CONSULTANTS REGISTRATION FORM**

Note: Please read the registration form carefully and furnish the required information correctly.

Please tick wherever necessary.

Information provided by you will be kept confidential and will facilitate us to guide you in the proper direction, for starting your venture.

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| --- | --- |
| 1. **PERSONAL INFORMATION** | |
| Name of business: | |
| Business Address:  Physical address: | Postal address: |
| Contact person full name:  First name: Middle name: Surname: | |
| Gender   * Female * Male | |
| Residential Tel. No: | Office Tel. No: |
| Mobile: | Email: |
| 1. **BACKGROUND** | |
| Nature of business:   * Sole proprietorship * Partnership * Limited partnership * Other(specify) | Area of expertise:   * Manufacturing * Service * Trading * Other (specify) |

**NAME:…………………………………… SIGNATURE:……………………………..**

**-FOR OFFICIAL USE ONLY-**

**United SMEs Association of Kenya**

**Fees Schedule**

**Receipt no:**

**Date:**

**Amount:**