

2024 ASSOCIATE/CONSULTANCY MEMBERSHIP APPLICATION FORM

NOTE:

- This application form is applicable to Associate / Consultancy Membership Category, which is for companies in the services sector.
- The application should be filled in duplicate, with one copy to be retained by the company and the other submitted to the Kenya Association of Manufacturers
- When returning the completed application form, please enclose a cheque payable to "KAM Collection Account" in settlement of entrance fee and annual membership fee.
- Make sure that two KAM members who propose and second your application append their official company stamps alongside their signatures.
- Attach a copy of your Company's Certificate of Incorporation & KRA (Kenya Revenue Authority) Pin Certificate.
- For the Turnover, please quote the audited accounts of the last financial year where possible. The company's turnover confirmation will be reviewed periodically through your authorized Auditors.
- Please note that the information you provide in this form will be treated as confidential.

SECTION I: COMPANY CONTACTS

Company Name: Postal Code: Physical Address: Postal Code: Physical Code: Physical Address: Postal Code: Physical Code: Phy

SECTION II: COMPANY DETAILS

1.	Nature of Business:					
2.	Physical Location:					
3.	Principal Services and brand names:					
	Service Name 1. 2.		Tariff Code (F	H.S) Brand N	ame	
	3. 4. 5.					
4.	Which year was the bus	siness establis	shed:			
5.			ompany, Private/Pub ip			
6.	Full names and Nationa application	lity of the cor	npany Director/Part	ner at the date o	fthis	
	Full names			Nationality		
	1.					
	2.					
	3.					
	4.					
	5.					
7.	Names and contacts of the Managers (Fill Applicable)					
		Name	Email		Direct Phone/ Cell	
	Chief Executive					
	Finance Director					
	Production Manager					
	Export Manager					
	Marketing Manager					
	Corporate Affairs Manager					
	Human Resources Manager					
	Administration Manager					
	Others					
8.						
	(b) Loan capital:					
9.	Approximate annual tu	rnover Kshs				

10.	Number	of Em	plovee

(a) Permanent: (b) Casual:.....

11. Structure of Annual Membership Fee

Annual membership fee is based on company's turnover as follows:

Table 1:

Annual Turnover	Annual Subs Fee VAT Inclusive (Ksh.)	New Members Entrance Fees	Total Payable by New members
1	2	3	4
Below 20 Million	26,796.00	14,036.00	40,832.00
20-50 Million	40,194.00	21,054.00	61,248.00
51-100 Million	60,291.00	31,581.00	91,872.00
101-250 Million	100,485.00	52,635.00	153,120.00
251-500 Million	159,726.08	83,666.04	243,392.13
501-1 Billion	207,669.00	108,779.00	316,448.00
1-3 Billion	308,154.00	161,414.00	469,568.00
3-5 Billion	335,790.42	175,890.22	511,680.64
5-10 Billion	401,940.00	210,540.00	612,480.00
Over 10 Billion	468,930.00	245,630.00	714,560.00

- The Entrance Fee indicated in column (3) is a one-off payment i.e. at the time of joining the Association.
- Please Tick $\lceil \sqrt{\rceil}$ the amount you are to pay according to column (4) in Table 1.

(a)	Ksh. 40,832.00	[]
(b)	Ksh. 61,248.00	[]
(c)	Ksh. 91,872.00	[]
(d)	Ksh. 153,120.00	[]
(e)	Ksh. 243,392.13	[]
(f)	Ksh. 316,448.00	[]
(g)	Ksh. 469,568.00	[]
(h)	Ksh. 511,680.64	[]
(i)	Ksh. 612,480.00	[]
(j)	Ksh. 714,560.00	[]

• In the second year after joining, members will only be required to pay the annual subscription fee indicated in column (2) of Table 1 or as may be determined by the Executive Committee as per clause 16 of the Memorandum & Articles of Association.

	We confirm that the Company's turnover for the previous year is as indicated above	
	Sign Stamp	
SEC	TION III: EXPECTATIONS	
	at are your expectations from KAM?	
	TION IV	
12.	Proposer: Name of the company: Signature:	
	Date: (Company stamp)	
13.	Seconder: Name of the company:	
	Signature:	
	Date: (Company stamp)	
	ECKLIST:	
Ens	ure the following is done before submitting the form: Item	Please Tick (√)
1.	Sections I & III of form completed	
2.		
3. 4.		
5.	10	
6.	6. Copy of company's KRA PIN certificate (Income Tax – Company, Income Tax – PAYE & VAT)	
7.		
7.	Signed members code of conduct	
DEC I he Full	CLARATION Treby declare that the information given above is complete and correct. I name: Signation:	

 $our\ company/firm\ during\ the\ period\ of\ our\ membership.$

 $^{^1}$ Please note that information in Section I and section II (Nos. 1-3) will be used for KAM Web site and Directory, the rest is only for KAM Confidential Database.