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**APPLICATION FOR HR FIRM/IHRM ACCREDITED SPONSORING AGENCY**

**Applicant should complete all the questions in block letters**

* 1. **Particulars of the organization**
1. Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Registration/Incorporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate No.\_\_\_\_\_\_\_\_\_
3. PIN No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VAT No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB**: *Attach copy of Registration/Incorporation certificate, CR12, PIN/VAT and memorandum & Articles of Association/Constitution where applicable*

2.0 **Physical Address**: (*Attach a sketch map of the physical address area*)

 a) County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nearest Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Road/Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building/Floor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e) Tenancy validity period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Attach copy of title deed OR a registered lease)*

3.0 **Contact Address**:

 a) Post Office Box No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_

 b) Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c) E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.0 **Proprietor(s) Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.**  | **Name**  | **Nationality**  | **PIN No.**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**N.B** (*Attach copy of a valid practicing certificate for one the listed shareholder above*)

6.0 **DECLARATION BY APPLICANT**

I declare that the statements made herein are correct to the best of my knowledge and belief and I agree to be bound by the Human Resource Management Professionals Act, 2012, Code of Professional Conduct and Ethics, and the rules and regulations of Institute of Human Resources Management, Kenya, as they currently exist and as they may hereafter be altered.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SIGNATURE DATE ID/Passport (Attach Copy)**

**For official use only:**

**Approval by the CPD Committee**

Approved/Not Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, CPD Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_