



**2.0. Particulars of Contact Person(s)**

1. Name: \_\_\_\_\_ Designation \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell \_\_\_\_\_ .
2. Name: \_\_\_\_\_ Designation \_\_\_\_\_ .  
E-mail Address: \_\_\_\_\_ Cell \_\_\_\_\_

**3.0. Particulars of Directors/Shareholders/Trustees/Partners/ Proprietors**

<u>NAME</u>	<u>GENDER</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____

**4.0. Particulars of Management Team**

<u>DESIGNATION</u>	<u>NAME</u>
Managing Director/General Manager/Chief Executive	_____
Head of Finance	_____ .
Head of Marketing	_____ .
Head of Human Resources	_____

**5.0. Form of Business** (Please Tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Public limited        | <input type="checkbox"/> Private limited |
| <input type="checkbox"/> Partnership           | <input type="checkbox"/> Sole proprietor |
| <input type="checkbox"/> Trust                 | <input type="checkbox"/> Parastatal      |
| <input type="checkbox"/> Association           | <input type="checkbox"/> Cooperative     |
| <input type="checkbox"/> Other (specify) _____ |  |

**6.0. Type of Business Entity** (Please Tick)

- |   |  |
|---|--|
| <input type="checkbox"/> Domestic Enterprise            | <input type="checkbox"/> Foreign Enterprise            |
| <input type="checkbox"/> Domestic Enterprise Subsidiary | <input type="checkbox"/> Foreign Enterprise Subsidiary |
| <input type="checkbox"/> Domestic Enterprise Agent      | <input type="checkbox"/> Foreign Enterprise Agent      |

- Domestic Enterprise Distributor
- Franchise
- Foreign Enterprise Distributor
- Other (specify) \_\_\_\_\_

**7.0. Economic Sector:** (Please Tick all Appropriate Sectors)

- Agriculture, Forestry & Fishing
- Manufacturing
- Construction
- Transport and Storage
- Information and Communication
- Real Estate Activities
- Mining and Quarrying
- Electricity, Gas and Water
- Wholesale and Retail Trade
- Accommodation and Food Service
- Financial and Insurance Services
- Other (specify) \_\_\_\_\_

**8.0. Product(s) and/ or Service(s):**

List Products and /or Services \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9.0. Export Product(s)** \_\_\_\_\_

Exports value for the last audited financial year: MK \_\_\_\_\_  
 Export destinations \_\_\_\_\_  
 \_\_\_\_\_

**10.0. Import Product(s)** \_\_\_\_\_

Imports value for the last audited financial year: MK \_\_\_\_\_  
 Import sources \_\_\_\_\_  
 \_\_\_\_\_

**11.0. Employment**

Number of permanent employees (including working directors): .....  
 Number of Male Employees: \_\_\_\_\_ Number of Female Employees: \_\_\_\_\_  
 Number of Skilled Employees: \_\_\_\_\_ Number of Unskilled Employees: \_\_\_\_\_  
 Number of Expatriate Employees: \_\_\_\_\_ Number of Local Employees: \_\_\_\_\_

**12.0. Distribution of Employees by Level of Education:**

Primary Education: \_\_\_\_\_ Secondary Education \_\_\_\_\_  
 University/College Diploma or Certificate \_\_\_\_\_ Degree \_\_\_\_\_



**NB:**

- a) The Council of the Confederation reserves the right to change the membership categories, revise the membership application fee and the Annual Membership Subscription from time to time subject to the provision of the Constitution.
- b) Membership application processing fee of **K2,500.00** is payable on submission of this application form
- c) Voting rights are in accordance with the membership category with a maximum of ten for the Premium Category.

**Name on Behalf of Applicant** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Name of Official** \_\_\_\_\_ **Designation** \_\_\_\_\_ **Date** \_\_\_\_\_

The application for membership is **approved**  / is **not approved**  (Tick box)

**If Not approved**, state reasons: \_\_\_\_\_

\_\_\_\_\_

Approved by: **Chief Executive:** \_\_\_\_\_ **Date:** \_\_\_\_\_