



REPUBLIC OF KENYA
FIRST SCHEDULE
THE ESTATE AGENTS ACT (CAP 533)
APPLICATION FOR REGISTRATION AS AN ESTATE AGENT

The Registrar,
Estate Agents Registration Board,
P.O Box 30089
NAIROBI



A. GENERAL INFORMATION

1. Main Name.....
(BLOCK CAPITALS)

Other Names.....
(BLOCK CAPITALS)

2. Postal Address.....

Residential Address.....

House No.etc.

Office Physical Address.....

.....

Office Tel. No.....

Email address.....

3. Date of Birth.....

4. Nationality and Citizenship.....

(Please tick as applicable)

a) By Birth

b) By Naturalization

In each case please attach the following:-

- i) Your current passport size photo.
- ii) Copy of your Identity Card or birth certificate

B. EDUCATIONAL PARTICULARS
READ CAREFULLY BEFORE COMPLETING ALL SECTIONS

COPIES OF RELEVANT LEAVING CERTIFICATES QUALIFICATIONS AND TESTIMONIALS
MUST BE ATTACHED IN EACH CASE.

1. Secondary Schools Attended

- a) i) Name
- ii) Address.....
- iii) Period from..... to
- b) i) Name.....
- ii) Address
- iii) Period from to

2. Colleges Attended

- a) i) Name.....
- ii) Address.....
- iii) Period from to
- b) i) Name
- ii) Address
- iii) Period from to

3. Universities Attended

- a) i) Name
- ii) Address
- iii) Period from to
- b) i) Name
- ii) Address
- iii) Period from to

4. Membership of Professional Institutions:

- a) i) Name
- ii) Date of Registration.....
- b) i) Name
- ii) Date of Registration

C. EXPERIENCE AND EMPLOYMENT

- a) i) Name of Employer
- ii) Address
-
-
- iii) Period from to
- b) i) Name of Employer
- ii) Address
-
-
- iii) Period from to
- c) i) Name of Employer
- ii) Address
-
-
- iii) Period from to

D. SELF EMPLOYMENT

- 1. i) Name of Company
- ii) Address
-
-

iii) Period from..... to

E. PRACTICE IN ESTATE AGENCY

(please enclose a certified copy of certificate of Registration in each case)

1. LIMITED LIABILITY COMPANY

Name

Address

.....

.....

Period from to

Names and addresses of the directors:

1.

2.

3.

4.

2. PARTNERSHIP

Name

Address

.....

.....

.....

.....

.....

.....

Period from..... to

Names and addresses of the partners:

1

2
3
4

3. SOLE PROPRIETORSHIP

Name

Address

.....

.....

Period from to

F. OTHER BUSINESS PRACTICES

(Give the names and addresses of all other business practices you are currently involved in)

1. Name.....

Address

.....

.....

Period from..... to

2. Name.....

Address

.....

.....

Period from..... to

3. Name.....

Address

.....

.....

Period from..... to

G. OTHER GROUNDS TO SUPPORT YOUR APPLICATION

Give name and address of an official referee, who knows your background history well e.g. magistrate, chief or assistant chief of your area.

- 1.
- 2.
- 3.

H. BANKRUPTCY OR CONVICTION

Have you ever been declared bankrupt or convicted in any offence involving fraud or dishonesty?

Please tick as appropriate

Yes

No

J. DECLARATION

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any statement contained in this application which is found to be false shall invalidate this application. I have read the Estate Agents Cap 533, understood it and undertake to be bound by the Act and any amendments thereto or replacement thereof so long as I am a registered agent.

Applicant's Signature.....

Date.....

Witness: Full Name (Please Print).....

.....

.....

Address.....

.....

.....

Tel:.....

Signature.....

FOR OFFICIAL USE

Application No.

Date acknowledged

Approved/Rejected Minute No.

Date Notification sent

Gazette Notice No.

Certificate despatched

Certificate Acknowledged

Registrar's Signature

Date

Date received

Receipt No. Date

Deferred Minute No.

Registration No.

Board Member's Signature

Date

Chairman's Signature

Date

Fill the form and return with the following:-

Passport size photograph to attach to the form.

Curriculum Vitae.

Educational Certificates

Letter of recommendation from a Registered and Practising Estate Agent who has trained you.

Certificate of good conduct.

Photocopy of Identification Card.

Payment of Kshs. 1,000/= being application fees

Payments of Kshs. 3,000/= upon receipt of a letter inviting a candidate to attend EARB interview.

Copy of Interview Payment Receipt.