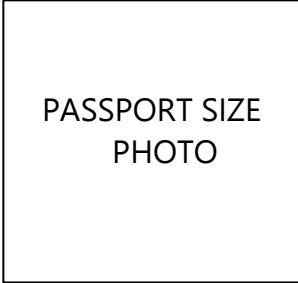


CONFIDENTIAL



**REPUBLIC OF KENYA
THE ESTATE AGENTS ACT (CAP 533)
MEMBERS INFORMATION UPDATE FORM**

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



Form to be filled in Capital Letters

1. GENERAL INFORMATION

Full name: ID/Passport No.:

PIN No.: Date of Birth:

Nationality and Citizenship:

Please tick as appropriate: a) By Birth b) By Naturalization

2. OFFICE CONTACTS

Name of Company/Business:

Physical Address:

Postal Address:..... Code: Town/City:

Email address:

Telephone: Mobile No.:

3. RESIDENTIAL CONTACTS

Residential Address:

.....

Permanent Postal and Email Contacts if different from the ones indicated above:

Postal Address: Email Address:.....

4. BANKRUPTCY OR CONVICTION

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

Please tick as appropriate: a) Yes b) No

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 Act 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.

Member's Signature: Date.....

Witnessed by:

Full Name: ID. No.:

Postal Address..... Tel. No.:

Signature..... Date:

NOTE:

This form should be returned with the member's current passport size photo and copy of identity card