

Form I (R. 2)



REPUBLIC OF KENYA
FIRST SCHEDULE
ESTATE AGENTS ACT [Cap. 533.]
APPLICATION FOR REGISTRATION AS AN ESTATE AGENT

The Registrar,
Estate Agents Registration Board,
P.O. Box 30089 -00100
NAIROBI.
TEL: 0741088144
EMAIL: info@estateagentsboard.or.ke
WEBSITE: www.estateagentsboard.or.ke

PASSPORT SIZE
PHOTOGRAPH

READ CAREFULLY BEFORE COMPLETING ALL SECTIONS

A – GENERAL INFORMATION

_____		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> (tick)	
1. Surname	Other names _____		
_____		Code _____	Town _____
2. Postal address			
_____		Road _____	House No. _____
3. Residential Address: Estate			
_____		Building/Court _____	Floor/ Office No. _____
4. Name of employer/business		Road/Street _____	

5. Office telephone number _____		Mobile No _____	Email _____

6. Nationality/Citizenship _____		ID/Passport No. _____	Date of birth _____

B – EDUCATIONAL PARTICULARS

1. Schools and Colleges attended:

Schools and Colleges in order	From	To	Certificates, Diplomas, Degrees and other qualifications obtained

2. Membership of professional institutions:

Name of Organisation	Date of Registration	Category of Registration

C – EXPERIENCE AND EMPLOYMENT

Name of Employer	Postal and Email Address, Tel. No.	From	To	Designation

D – SELF EMPLOYMENT

Name of Company	Postal & Email Address, Tel. No	From	To	Nature of Business

E – PRACTICE IN ESTATE AGENCY~~(Please attach a certified copy of certificate of service in each case)~~

Name of Employer	Postal and Email Address , tel. no.	From	To	Duties

**F. RECOMMENDATION FROM A REGISTERED & PRACTISING ESTATE AGENT
WHO HAS TRAINED YOU FOR AT LEAST 2 YEARS**

The registered and practising Estate Agent should give you a letter of recommendation in a format that can be downloaded here:

_____ Name of Registered Estate Agent	_____ EARB Registration No.	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Holds current Practising Certificate
_____ Company Name	_____ Office Telephone No	_____ Duration of Training
_____ Postal Address	_____ Mobile No.	_____ Email

F – OTHER BUSINESS PRACTICES

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

Name	Postal Address	From	To	Capacity

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, teacher, public servant, religious leader.

Name

Designation

Postal address

Mobile no.

Email

H. — BANKRUPTCY OR CONVICTION

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

(Please tick as appropriate) Yes ☐ No ☐

J – DECLARATION

I, 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 estate agent.

Applicant's signature

Date

Witness: Full Name

Postal Address

Tel. No.

Email address

Witness's signature

Please attach the following: -

- I. Passport size photograph to attach to be attached to the form.
- II. National identification card or passport
- III. Updated Curriculum Vitae.
- IV. Certified copies of all Educational Certificates
- V. Letter of recommendation from a Registered Estate Agent who has trained you and holds a current practising licence
- VI. A Current copy of the Annual Practising Licence from your recommender
- VII. Current Certificate of good conduct from the DCI
- VIII. Certificate of good standing from professional membership body. (If Any)
- IX. Receipt of Ksh. 1,000 confirming payment of application fee

NOTE: Arrange your documents as follows: Application form, CV, Copies of your Educational Certificates, Recommendation Letter, Copy of Annual Licence from your Recommender, Certificate of Good conduct from DCI, Copy of ID, Certificate of good standing from any professional body (if any), Payment Receipt of Ksh. 1,000, Other certificates and testimonials

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