



APPLICATION FOR MEMBERSHIP FORM

Part I: Application's Full Particulars

Name: PIN No:

Physical Address:

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Postal Address:

Telephone: Fax:

Cell Phone:

Email/Website:

Type of business registration:

Registration Number and date:

Date pest control activities commenced: '

Owners: (1) PIN No:

(2) PIN No:

(3) PIN No:

(4) PIN No:

Directors: (1) PIN No:

(2) PIN No:

(3) PIN No:



Chief Officers Name(s)

Qualifications

(1)

(2)
.....

(3)

Have any officers of the company ever been involved as owners, principals or directors of any other previous business in any scheme or arrangement leading to the bankruptcy or liquidation of the organization?

Yes No

If the applicant company is a subsidiary, please give name of holding company or ultimate parent group:

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What business other than pest control does your company undertake:

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Please state the name of the person in direct charge of pest control operations:

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Please state the names of all personnel that carry out the application of pesticides and qualifications that they hold

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Upon acceptance of your application it is a requirement that all members provide an annual return of training and qualifications of all their staff involved in the application of pesticides.

Subcontracting

Do you use agents, sub-contractors or franchisees for any pest control activities: Are they members of **PEMAK**? Yes No

Insurance

Are you adequately covered by insurance to protect your business interest? We advise you consult your broker on the issue: Yes No

Person and Position of person signing application:

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Person and Position to be appointed to liaise with PEMAK:

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Category Remarks

Pest Control Services		
Manufacturer		
Formulation Development		
Subsidiary of Manufacturer		
Manufacturer's Rep/Agent		
General Importer		
Local Formulation		
Local Repacker		
Local National Distributor		
Local Regional Distributor		
Consultant/Trainer		
Screening Organization		
Private Farm Enterprise		
Overseas		
Others		

Part II: Proposing/Seconding Company

Proposing Member

Name: (Member)

Membership No:.....

Name of Officer:

Position:.....

Signature:

Rubber Stamp

Seconding Member

Name:

Membership No:.....

Name of Officer:

Signature:

Position:.....

Rubber Stamp

Part III: Declaration by the Applicant

We the Directors/Owner(s) of solemnly

Declares as follows:

- > That we have read and understood the PEMAK’s code of practice.
- > That we are familiar with the Pest Control Product Act (Cap. 346 Laws of Kenya) together with its subsidiary legislations.
- > That we have read and understood the PEMAK’s Constitution and we subscribe to its contents, philosophy and spirit.
- > That we accept the authority of the PEMAK in the disciplining of members who are in breach of the constitution or code of conduct.
- > That we commit to abide and conform to the PEMAK code of conduct and operate within the confines of both the code and the Act and any other subsequent laws and regulations pertaining to pest control products.