



**AGRICULTURE AND FOOD AUTHORITY
COFFEE DIRECTORATE**

APPLICATION FOR A COFFEE AGENT CERTIFICATE

1. Name of applicant.....
 2. Nature of Application:
New [] Renewal []
 3. Postal AddressPostal Code.....
 4. Registered address Building.....
Street.....
Town/City..... L.R. No.
 5. Date of Incorporation.
 6. Registration No.....
 7. Physical Address
 8. Location of the principal office.....
Address.....
Mobile No.
E-mail.....
 9. Full names, addresses and occupations of the directors:

| | <i>Name:</i> | <i>Address:</i> | <i>Occupation:</i> |
|----|--------------|-----------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
 10. I/We certify that the information hereby given in this application is true and I/WE commit to comply with the terms and conditions of the certificate.
 11. Name of authorized Officer:
Designation.....
Signature.....Date.....
- Stamp: (where appropriate)