

# MERCHANT SHIPPING ACT REGULATIONS 2009

Form Msa1(a)



## APPLICATION FORM FOR APPROVAL OF A SHIPPING LINE WISHING TO PARTICIPATE IN KENYA 'S INTERNATIONAL SEABORN TRADE

1. Name of Shipping Company Address	2. Name of Managing Agents/ Operators Address	3. Local Agents Address
4. Route(s) served (attach copies)	5. Frequency of sailings (attach copies)	6. Cargo carrying for the last 2 years (in weight tons & frieght tons )
7. Tarrifs for each Route (attach copies)	8. Conditions of carriage (B/L clauses ) for each route (attach copies)	9. Details of cargo sharing/Pooling arrangements with other lines for each route (use extra sheet in case needed)
10. Other Cooperation Agreements with other lines for each route (use extra sheet in case needed)	11. Nationality (supporting documents to be attached)	12. Head Office Of Manage- ment and effective seat of control

I/We hereby declare that the informaton given herein is correct to the best of my/ our knowledge and I/We undertake to abide by the above stated Act.

Signed on this day.....of..... in the year.....

Name..... Designation..... Signature.....

Stamp/Seal
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13.

### FOR OFFICIAL USE ONLY

Fee paid for Application Forms Kshs/USD..... Receipt No. ....	Registration fee paid Kshs/USD..... Receipt No. ....
Certificate No.....	Approved by (Name).....
Valid Till.....	Remarks.....
Designation.....	Signature..... Date.....

NB: Additional information can be provided separately and attached to this form.



**REPUBLIC OF KENYA  
MERCHANT SHIPPING ACT 2009  
MARITIME SERVICE PROVIDER REGISTRATION FORM**

1. Registered Name: .....
2. Address: .....
- Telephone: .....
- Email:..... Fax No: .....
3. Location of Office: .....
4. Date of Establishment..... Business Reg. No.....
5. Nature of Business (e.g. Shipping agent, Cargo Consolidator).....
6. Type of Vessels handled  
(Conventional, Container, etc.).....
7. Average annual volume of cargo handled by the Agency for the last 2 years  
20.....to 20.....

Name/Address of Principal	Nature of Service		
	Liner	Tramp	Coaster

REMARKS.....  
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I/We hereby declare that information given, herein is correct to the best of my/our knowledge. I/We therefore apply to be registered with the Kenya Maritime Authority with the Merchant Shipping Act 2009

.....  
Name of Agent/Manager

.....  
Signature/Date



**FOR OFFICIAL USE ONLY**

Fee paid for Application Forms Kshs/USD..... Receipt No. ....	Licensing fee paid Kshs/USD..... Receipt No. ....
Certificate.....	Approved by (Name).....
Valid Till.....	
Remarks.....	
Designation.....	Signature..... Date.....