



Ministry Of Agriculture And Food Security Distributor Registration Form



Application Date _____

Registration #: _____ (if assigned over the phone)

Name of Business _____

Business Address: _____

VAT#: _____ Company N. I.S. # _____

Telephone Numbers: _____

Email: _____ Whatsapp#.: _____

Full Name of Person authorized to make application: _____

Job Title: _____

B'dos. ID #.: _____

Enterprises: (Select Activity by Tick)

Agro Chemicals:

Feed:

Fertilizer:

Equipment:

Horticulture related :

Authorized Signature: _____ Date: _____

You may add an image of your signature, or just type your name in the field. Any attempt to misrepresent persons or information may lead to fraud charges.