

ORDINARY MEMBERSHIP APPLICATION FORM¹

IMPORTANT

- *This application form is only applicable to Ordinary membership category as per the Memorandum and Articles of Association*
- *The application to be filled in Duplicate, one copy to be retained by the applicant and the other to be submitted to PERAK.*
- *When returning completed application form, please enclose a cheque in settlement of entrance fee.*
- *Attach a copy of the Company's / Business Certificate of Incorporation,*
- *Please note that membership may be terminated if the business engages in any proscribed trade by the laws of the land.*
- *Please note that PERAK may call for verification or proof of any information furnished herein.*
- *Please note that the information you provide in this form will be treated as confidential.*

SECTION I

Company/ Business Name:

Postal Addresses:

Postal Code:

Physical Addresses:.....

Nearest town:.....

Telephone Nos.:.....

Fax Nos.:.....

E-mail Addresses:.....

Web Site:

SECTION II

1. Nature of Business:.....

2. Physical Location:.....

.....
3. When was the business established:.....

4. Type of Ownership (a) Company (Legal status)
(b) Sole proprietorship
(c) Partnership

5. Full names and Nationality of the company Directors/Partner/ Sole proprietor as at the date of this application

| | Full names | Nationality | ID./Passport NO.. | Address |
|----|------------|-------------|-------------------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

6. Names and contacts of the Senior Managers

| Designation | Name | Email | Phone |
|-------------------------|------|-------|-------|
| General Manager | | | |
| Entertainment Manager | | | |
| Operations Manager | | | |
| Sales/Marketing Manager | | | |
| Resident Manager | | | |
| Other managers | | | |

7. Is your business Star- rated? If yes state its star rate.....

8. Patron capacity.....

9. Number of Employees

(i) Management employees.....

(ii) Unionizable employees.....

(a) Permanent :..... (b) Casual:.....

Total.....

10. Does your business have all the requisite statutory licenses
If yes give details.

| License | Date of Issue | Validity period |
|---------|---------------|-----------------|
| | | |
| | | |
| | | |
| | | |

11. Does the business meet all the requirements of Public Health Act
(Cap.242 of Laws of Kenya).....

SECTION III

12. **Proposer: (must be a member)**

Name:.....

Signature:.....

Date:..... -

(Official stamp)

13. **Seconder: (must be a member)**

Name:.....

Signature:.....

Date:..... -

(Official stamp)

CHECKLIST:

Ensure the following is done before submitting the form:

| | Item | Please Tick (√) |
|----|--|--------------------|
| 1. | Sections I & II of form completed | |
| 2. | Form signed and stamped by Proposer and Seconder (Section III) | |
| 3. | Appropriate cheque for entrance fees attached | |
| 4. | Copy of certificate of incorporation attached | |

Attached: Profile of the association, Executive Brief, Subscription Criteria, and Code of Ethics.

DECLARATION

I hereby declare that the information given above is complete and correct.

Full name:.....

Designation:.....

Signature:.....**Date:**.....

For and on behalf of our company/business I am applying for membership of PUBS ENTERTAINMENT AND RESTAURANTS' ASSIATION OF KENYA -PERAK and agree to be bound by its memorandum and articles of association and any rules there under which are now or may at any time be in force; to notify of PUBS ENTERTAINMENT AND RESTAURANTS' ASSIATION OF KENYA of any changes in Directors/Partners/Management or ownership during the period of our membership of the Association and also to notify the association of any other changes on any information given in the application form including turnover.

FOR OFFICIAL USE ONLY

Approved by the PERAK Board of Trustees.

.....
.....

Date

Signature.....

Not Approved by the PERAK Board of Trustees

.....
.....

Date.....

Signature.....