

**APPLICATION FOR A PRACTICING LICENSE FOR A BODY CORPORATE**

**PRIVATE PRACTICE INTERIM LICENCE  
APPLICATION FORM**

**Attachments**

- i. Evidence of fee paid (A attach a bank Slip as evidence of payment.)
- ii. Affix 2 recent 2 X 2 photos of directors in the space provided below.
- iii. Attach a copy of Business registration certificate.
- iv. Physical address (Geo-position codes)
- v. Certified Professional /Academic Certificates of technical person.
- vi. Certified Copies of National ID/Pass port

**PART A: PASSPORT** (Kindly respond to all components of the application form as required herein).

(Attach directors' passports photos in the below boxes)

PASSPORT SIZE PHOTO
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PASSPORT SIZE PHOTO
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PASSPORT SIZE PHOTO
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- i. Mail the application and documentation to:

**KENYA NUTRITIONISTS AND DIETICIANS INSTITUTE**  
**P.O Box 20436-00100**  
**NAIROBI.**  
**Tel.: +254 738 608 882 or 0112 514 865**  
**Email : [qa@kndi.institute](mailto:qa@kndi.institute) or [info@kndi.institute](mailto:info@kndi.institute)**  
**Website: [www.kndi.institute](http://www.kndi.institute)**

**PART B: PAYMENTS DETAIL**

- ii. Non-refundable Application fee for practicing license of Kenya Shillings Ten Thousand (10,000/=) only.
- iii. Practicing fee is Kenya Shillings Twenty thousand only (20,000/-) for individual private businesses payable annually.
- iv. Two-year inspection and renewal fee of Kenya shillings fifteen thousand (15,000/-) only for individual private businesses.
- v. Practicing fee for cooperate food Companies and food marketing organizations (150,000/-)
- vi. Annual inspection fee for Cooperate (80,000- 150,000/-) depending Company Classes.
- vii. Please take note of the following:
  - a. Companies dealing in food products/supplements with nutrition claims are required to declare all products by name. Additional charges shall be determined based on each product and an invoice generated for each company.
  - b. Such companies in (a) shall be required to send samples
  - c. Such companies in (a) shall meet the cost of inspection of business premises before a full license is awarded.
  - d. **VERY IMPORTANT:** - No company on interim license dealing in food products or supplements with health risk shall be allowed to trade on those products using interim license without an approval letter from the institute upon recommendation of quality assurance technical team. Such companies will take all the legal risks in relation to their practice.

Fee Payable to:  
**Kenya Nutritionists and Dietician Institute**  
**Account Number. 01128125024600**  
**Bank: Co-operative Bank of Kenya**  
**Branch: Nairobi Business Centre Branch**

Part C: Business Profile

- a) **Business Name**.....
- b) **Nature of Business**.....
- c) **Business Activity (list core business activities)**

S.no.	Core Business Activities
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

13.	
14.	
15.	

d) **Business Address**..... **Code**.....  
**Town**..... **Country**.....  
**PIN:** .....

e) **Business Registration No:** .....  
**Tel:** ..... **Email/ Webmail:** .....  
**Fax:** .....  
**Physical Location:** .....  
**Date Established:** .....

**Details of Directors**

1. Director Name: .....  
Qualifications.....  
Years of Practice.....  
KNDI Registration Certificate No. .... (Applies to KNDI member only)  
Signature .....
2. Director Name: .....  
Qualifications: .....  
Years of Practice: .....  
KNDI Registration Certificate No ..... (Applies to KNDI member only)  
Signature .....
3. Director Name: .....  
Qualifications: .....  
Years of Practice: .....  
KNDI Registration Certificate No..... (Applies to KNDI member only)  
Signature .....

**Part E. For official use only**

1. **Receiving Officer** (To verify that all documents are enclosed)  
Name of Officer (Quality Assurance Officer) ..... Signature.....  
Date.....

2. **Technical Officer** (To verify that all the accreditation documents enclosed are correct, adequate and meeting the minimum standards to begin training)

**Recommendation**

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**Technical Manager** (Name)..... Signature..... Date.....

**3. Final Approval** (To verify that all the recommendations are made by relevant committees for final Approval)

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**Chief Executive Officer** (Name) ..... Signature..... Date.....

**Part E. Registrar** (To allocate Registration number)

**Registration No** ..... (To be sealed with official stamp)

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