



KENYA INSTITUTE OF SUPPLIES MANAGEMENT

LICENCE RENEWAL FORM

To be completed by current members

Please print this form, fully complete all sections and send with your subscription fee to:

Kenya Institute of Supplies Management,
Nation Center, Tower B, 12th floor, Kimathi St,
P. O. Box 30400 - 00100, NAIROBI.
+254733333226, +254721244828
+254(020)2635807, +540717004842

FULL NAME OF MEMBER: _____

KISM LICENCE NUMBER: _____

CURRENT EMPLOYER: _____

CURRENT POSITION: _____

BRIEF JOB DESCRIPTION: _____

POSTAL ADDRESS (OFFICE) _____

POSTAL ADDRESS (PRIVATE) _____

TELEPHONE (OFFICE) _____

TELEPHONE (MOBILE) _____

E-MAIL (OFFICE) _____ E-MAIL (PERSONAL): _____

LICENCE FEE ENCLOSED: _____ (Cheque/Deposit Slip)

(Ksh. 6,000/-)

OFFICIAL USE ONLY

DATE: _____ RENEWAL FEE (Kshs) _____

RECEIPT No. _____ SIGNATURE: _____

RENEWAL FOR PERIOD FROM. _____ TO: _____