



THE PEST CONTROL PRODUCTS (LICENCE FEES AND OTHER CHARGES) REGULATIONS, 2006.

APPLICATION FOR CHANGE OF AGENCY.

Information for Applicants

1. "Agent" means a person or company who has/that has been appointed to act on behalf of a registrant in accordance with regulation 4(2) of the Pest Control Products (Registration) Regulations.
2. The application form must be completed by a duly authorized person.
3. The application must be submitted to:
**The Managing Director/Secretary
Pest Control Products Board (PCPB)
P.O. Box 13794 - 00800 Nairobi.
E-mail address: pcpboard@todays.co.ke/md@pcpb.or.ke
Tel: 254- 020 – 8021846/7/8 Fax: 254- 020- 8021865
Website: www.pcpb.or.ke**
4. Every application must be accompanied by:-
 - a) An original letter from the registrant,
 - b) A binding agreement entered between the registrant and the agent,
 - c) An original letter of no objection from the former agent,
 - d) Application fee of Ksh 20,000 per product (change of agency fee is payable upon approval by PCPB after meeting the other requirements),
 - e) A copy of the draft label as per PCPB requirements,
 - f) Proof of licensing of the new agent by PCPB.
5. The applicant may be required to submit:-
 - a) A sample of the pest control product;
 - b) A sample of the technical grade of its active ingredient;
 - c) A sample of the laboratory standard of its active ingredient;
 - d) Any other information as may be required by the Board.

Product Details

Trade name.....

Name of Manufacturer.....

Name of Registrant.....

Registration Number(If registered)..... Status of registration.....

Name of former agent.....

Name of new agent.....

Name of new distributor.....

Signature of applicantDate.....

Official Stamp of Applicant / Company

For official use only

Please check whether the following documents have been provided:

Registration Department:

1. Has an original letter from the registrant been provided? Yes No
2. Has an original letter of no objection from the former agent been provided? Yes No
3. Has the applicant attached a copy of the draft label?
 Yes No

Inspection Department:

4. Is the applicant licensed as a pesticide dealer/agent with PCPB in the current year?
 Yes..... No..... If yes indicate licence No.

Accounts:

5. Has the applicant paid the change of agency fee? Yes..... No.....
 Indicate Receipt Number..... Date.....
6. Has the applicant paid the dealers/agency license fee? Yes..... No.....
 Indicate Receipt Number..... Date.....

Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Date..... Registration Officer		Date..... Inspector		Date..... Accountant	

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***Approved by Managing Director
 Pest Control Products Board***

Date

Changes effected by (IT Officer).....Date.....