DATE:			



## WAREHOUSE RECEIPTS REGULATORY BOARD

P.O. Box 38093, Dar es Salaam, Tanzania

Tel: +255 2128691, Fax: +255 2128692

Email: twlbwrs@gmail.com, Website: www.wrs.go.tz

## **APPLICATION FORM: WAREHOUSE INSPECTOR'S LICENSE**

FULL NAME OF APPLICANT:		PLOT No					Phone. Fax. E- mail. Website.			
NATURE OF APPLICATIONS:		NEW APPLICATION;			]	RENEWAL			AMENDMENT	
ST	ATUS OF APPLICANT	Company		Partnership	1		1			
No	ITEMS	R	EQUI	REMENTS		TICK AVAII BLE O ALRE SUBM TED	LA- OR ADY	FOI	R OFFICIAL US	E ONLY
Staff ( at least	Staff ( at least three)	Academic Certificate								
	,	Professional Certificate								
		Curriculum Vitae and Testimonials								
	locuments	Registration Certificate								
	ocuments.	Memorandum and Articles of Association								
		Board Member's Resolutions to do this business								
		From the district the Head office of the applicant is located								
	Submit any Professional License If any)	(eg NBAA, 0	CRB, P	PSPTB, etc)						
s r	Declare any Relevant Training of staff on Warehouse Receipt System (Collateral Management, Structured Trade, Rural Finance etc)									
 Γhe a	amount of application fee paid					(A	attach a c	copy of bar	nk payment slip for the a	oplication)

**FULL NAME OF APPLICANT** 

- CONDITIONS OF APPLICATIONS:

  1. Validity of this application is dependent on the payment of Tshs 10,000.00 being a fee in CRDB PLC HOLLAND BRANCH A/C 01J1022814000.
- 2. By signing and submitting this application to the Board the applicant declares that he has the financial and technical capability to do business he applied for if granted license

**SIGNATURE** 

By this application and any license arising there from is governed by the Warehouse Receipt Regulations.

Act, Warehouse Regulations 2016 and other guidelines and directives issued by the Board".