



KENYA INSTITUTE OF SUPPLIES MANAGEMENT
in partnership with KASNEB



APPLICATION FOR REGISTRATION FORM

Kenya Institute of Supplies Examination Board, KISM Towers, 11th Floor, Ngong Road, P. O. Box 30400 – 00100 NAIROBI. +254726244828, +2540769878228, +25473333226, +254721244828 Email: examinations@kism.or.ke Website: www.kiseb.or.ke

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Before filling in this form, please read carefully the notes at the back of this form and the guide to examinations.

Tick as appropriate

PROFESSIONAL EXAMINATIONS (CPSP): **ASSOCIATE EXAMINATIONS (APS):**

1. Personal details Examination Section(s)/Level

(a) Name

FIRST NAME	MIDDLE NAME(S)	SURNAME
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(See note 1 and 2)

(b) Nationality _____ **(c) Date of Birth** **(d) Gender M** **F**

(e) Contacts

Email _____ **Cellphone** _____ **Landline** _____

(f) Address

C/o _____ **P.O. Box** _____ **Code** _____ **Town/City** _____

Country _____

(g) Next of Kin/Guardian Details: Name _____

ID. No. _____ **Mobile No.** _____

2. Level of Education (Academic/Professional)

(Attach certified copies of certificates as per note 3)

3. How did you learn about APS/CPSP exam?

Career Talks Media Student
Sponsor Guardian Parent Friend Others _____

4. Payment details

I enclose Cash/Cheque/Money-Order/Bank Deposit slip, MPESA reference No. _____ for Sh. _____ in respect of registration fee. Return filled forms and all supporting documents to KISM offices at Nairobi - you may hand-deliver, send by courier or through your training institution.

Standard Chartered Bank, Westlands, Account No. 0102096929100;
MPESA PAYBILL No. 552500.

5. Declaration by the applicant

I hereby certify that to the best of my knowledge that all the information I have provided in this form is true and correct and I agree to abide by the Examination Rules and Regulations of KISM and KASNEB.

PASTE YOUR
COLOUR
PASSPORT SIZE
PHOTOGRAPH
HERE

Signature _____ Identity Card No. _____ Date _____

FOR OFFICIAL USE ONLY	
	Receipt No. _____
	Amount Sh. _____
	Signature _____
	Date _____
	First exam date _____
	First renewal date _____

NOTES

1. Complete the form in CAPITAL LETTERS (in black or blue ink).
2. (a) Print your name in full in the order on No. 1 (a) of this form.
(b) Change of name must be supported by a legal document (such as Marriage certificate, Affidavit or Deed poll).
3. Indicate your identity card/Passport No. /Identity card waiting slip No. or Birth certificate No. (for those under 18 years) on the space provided; enclose a passport size photograph, identification document and CERTIFIED copies of your certificates. The documents must be certified by your employer/referee or by any person specified here below;
 - Registrars of colleges, institutions or universities.
 - Licensed Practitioners of KISM (must quote their registration number).
 - A senior civil servant (such as Education Officer, School Principal. District Officer, Magistrate or an Officer of higher ranking).
 - Commissioner of oaths.
 - The Clerk or Senior Officer of any Local Authority, or a Senior Officer in a State Corporation or organization.
 - In exceptional circumstances, Chiefs, Assistant Chiefs, Primary School Head Teachers and religious leaders.

All copies of certificates must be certified, signed and rubber stamped by the same person.

4. KISM reserves the right to confirm the certified copies of certificates.
5. Please ensure that your application for registration form is duly completed before payment of fees.
6. Any application for registration form which is not accompanied by supporting documents and the correct fee will be rejected.
7. Personal cheques will not be accepted.

8. Abbreviations

CPSP - Certified Procurement and Supply Professional
APS - Associate in Procurement and Supply

Student Registration deadlines**May examinations**

31 March

November examinations

30 September

STUDENTS REGISTRATION FEES

EXAMINATIONS	Kenya	Foreign Currency	
	Kshs	US\$	£Sterling
PROFESSIONAL EXAMINATIONS	5,500		
ASSOCIATE EXAMINATIONS	5,000		