

	KENYA INSTITUTE OF SUPPLIES MANAGEMENT		
	Document: Form		Ref No.: KISM/Form/DRC/03
	Title: APPLICATION FOR REVIEW		
	Department: CHIEF EXECUTIVE OFFICER		
	Issue No. 1	Revision No. 0	Date: 9/9/2022

(To be submitted in Triplicate)
Case No: KISM/DRC/...../20....

A. THE APPLICANT

Name:.....
(Surname) (Middle Name) (First Name)

National Identification Number:.....Member Registration No.....

Cellphone No:.....Alternative Cellphone:.....

Email Address:.....

Postal Address:.....Code:.....Town/City:.....

Name of Alternative Contact Person:.....

Cellphone of Alternative Contact Person:.....

Are you living with a disability?.....
(Yes/No)

If yes, give; Details/Nature of Disability.....

.....
Details of Registration with the National Council for People with Disabilities
(Registration No. and Date).....

E. LIST THE RELIEF SOUGHT

F. DECLARATION

I,the undersigned, being the Applicant declare the above information to be true to the best of my knowledge.

.....
Full Name of Applicant

.....
Signature

.....
Date