**FORM 3**

 *(r. 19(6))*

Application Reference No.: …………………………………….

Licence No.: …………………………………………………….

**ENVIRONMENT MANAGEMENT AND COORDINATION ACT, CAP 387**

**NOTIFICATION OF TRANSFER OF LICENCE TO MANUFACTURE/ IMPORT/ EXPORT/ TRANSPORT/ DISTRIBUTE/ STORAGE OF TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS OR MATERIALS**

PART A: DETAILS OF CURRENT LICENCE

A1: Name of the current licence holder: …………………………………………………….

A2: PIN No.: ………………………………………………………………………………...

A3: Tel. No.: …………………………………………………………………………………

A4: E-mail Address: …………………………………………………………………………

A5: Application Number of the Current Licence: …………………………………………...

A6: Date of issue of the Current Licence: …………………………………………………...

A7: Licenced activity: ……………………………………………………………………….

PART B: DETAILS OF THE TRANSFEREE

B I: Name (Individual/Firm): .……………………………………………………………......…

B2: PIN No.: .…………………………………………………………………………….……..

B3: Address: …………………………………………………………………………………….

B4: Tel. No.: …………………………………………………………………………………….

B5: E-mail Address: ……………….............................................................................................

B6 Name of contact person: …………………………………………………………………….

B7: Capacity of transferee to run the licence activity (financial, technological, manpower): …. ……………………………………………………………………………………………….…..

PART C: REASON(S) FOR TRANSFER OF LICENCE ………………………………………………………………………………………………….…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

PART D: DECLARATION BY TRANSFEROR AND TRANSFEREE

It is hereby notified that (Transferor) ………………………….of (Postal Address) …….…… ……………….has on this……………… day of………………… 20………… transferred the Manufacture/ Import/ Export/ Transport/ Distribute/ Storage licence No: ……………… to (Transferee) .. …………………. of (Postal Address) ………………………………….who will assume his responsibility for all liability under this project.

Transferor Transferee

Name: …………………………….. Name: ……..………………………….

Postal Address: ……………………. Postal Address: ……………………….

Signed: ……………………………. Signed: ………………………………..

Date: ……………………………… Date: ………………………………….

PART E: FOR OFFICIAL USE

Approved/Not approved: ……………….……….……………………………………………… Comments: …………………………………………………………………………………...…

Receipt No.: ……………........................ Amount (KShs): .........................................................

Officer’s Name: ……………………………………………………………………………..….. Signature: ………………………………….… Date: …….……………………………………