

Association of Practitioners in Advertising



APPLICATION FORM FOR APA FULL MEMBERSHIP

Thank you for your interest in becoming a corporate member of the APA, East Africa's pre-eminent trade body for advertising communications agencies.

Our mission is to promote the interests of our member agencies, create a spirit of co-operation, mutual goodwill, and promote just, fair, legal and honorable practices.

We do this in three ways: firstly, by acting as a spokesman and representing our members on issues of common concern; secondly, by contributing to their professional operation via our range of information and training services, and third by adhering to a mutually agreed code of practice that binds all members.

To ensure professionalism and the sustaining of high service standards, we have exacting criteria for membership as published from time to time by the APA council, hence the detailed questions contained in this application form.

Regards,

Chairman APA

Section 1 – Company Details:

- Name of Company:

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- PO Box:

- Telephone.....

- Primary contact E-Mail:.....

- Physical Location:

.....

- Company Registration Number.....
- Company PIN Number.....
- Company VAT Number.....
- Year of Company commencement:.....

- Is the company a.. (Tick ✓ as appropriate)

Sole Proprietorship Partnership Local Limited Company Public Company

Multinational Corporation Other

Directors/Ownership Details:

- Directors/Partners/Ownership details

<i>Name:</i>	<i>Shareholding %</i>	<i>Nationality/Country of Incorporation</i>
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1)

2)

3)

4)

5)

6)

Details of Share Capital

Nominal Capital.....

Issued Capital.....

- Does the Full Service Agency own an interest in any other Agency, Printer, AV production company, Media House, Advertiser, or Supply business?

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 If so, give details:

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- Does any other Agency, Printer, AV production company, Media House, or Supply business own an interest in the Full Service Agency?

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 If so, give details:

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- Does any Advertiser own an interest in the Full Service Agency:

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 If so, give details:

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Section 2- Financial Information

Please provide your Turnover and gross profit for the last three years, starting with the latest year for which you have audited accounts:

	Turnover	Gross Profit
Year 1.....		
Year 2.....		
Year 3.....		

(Please attach past two years audited financial statements)

Please provide an approximate breakdown of income by activity for the past/Current year

Brand experiential _____ %

Creative services/fees _____ %

Data analytics _____ %

Design (online/offline) _____ %

Digital planning/buying _____ %

Direct marketing _____ %

Media commission/fees _____ %

Strategic Planning _____ %

Public relations _____ %

Research _____ %

Sales promotion _____ %

Search _____ %

Sponsorship _____ %

Production _____ %

Other items (Specify) _____ %

Approximate breakdown of income by account

Biggest Account _____ %

Next Three Biggest _____ %

Next Three _____ %

All others (specify Number) _____ %

Does the company currently have **professional indemnity insurance**?.....

If yes, please state the company and limit of cover.....

.....
If not please state when you expect to acquire it.....

Does the company subscribe to **KARF** for data?.....

Please state any other industry bodies the company is registered with.....
.....
.....

Please attach a list of key **current clients**, stating the following:

- Name of client
- Local, Regional, or multinational
- Length of time the account has been with the company

Section 3- Staffing

Directors and Senior staff involved in the day to day running of the business

Name	Position	Years of Experience
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.....
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.....
.....
.....

Total number of company staff including those named above:
.....

Is the **company currently registered with and remitting** to the following:

- NSSF.....
- NHIF.....
- WIBA.....

Declaration:

We wish to become members of the Association of Practitioners in Advertising and declare the foregoing particulars to be correct. We also certify that the copies of the requisite documents enclosed are true and accurate. If admitted, we undertake to inform the Association forthwith of any significant changes to these particulars which would affect our eligibility for membership, agree to attend all council meetings, and pay membership subscriptions at the time requested.

Signed:

Name and Position:

Date of Application:

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APPLICATIONS MUST INCLUDE:

- Copy of Registration Certificate, KRA Tax compliance certificate, PIN and VAT certificates
 - Financial statement by the Full Service Agency's audit firm confirming minimum turnover of Kshs 100 million in the last financial year.
 - Bank reference of the Full Service Agency
 - Media Owner's references (minimum four)
 - Client's references (minimum three)
- =====

FOR OFFICIAL USE

Application received on:.....by:.....

APA Action:.....

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Sub-Committee handling:.....

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Comments:.....

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Visit:.....

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Approved/Not Approved.....date:.....