

**SIXTH SCHEDULE
REPUBLIC OF KENYA
NATIONAL SEED QUALITY CONTROL SERVICE
Form SR 2 [Subsidiary](r.8(2))**

APPLICATION FOR REGISTRATION AS A SEED GROWER

Registration No. _____

To _____ (Name)

of _____ (Address)

You are hereby registered as a Seed Grower to grow _____

hectares of _____ (species) on your farm at

This registration is valid from _____ 19 ____ to _____ 19 ____

Signature _____

Date _____

Director, N.S.Q.C.S

KEPHIS

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