



# NATIONAL AGRICULTURAL EXPORT DEVELOPMENT BOARD



## HORTICULTURAL PRODUCTS EXPORTERS REGISTRATION

### FORM :

<b>EXPORTER (EXISTING &amp;NEW) PROFILE</b>				
<b>Exporter Name/company name:</b> ..... <b>Business registration Number RDB (TIN):</b> ..... ... <b>Date of registration:</b> ..... <b>Date of initiation of exports:</b> .....	<b>Exporter address</b> <b>Tel:</b> ..... <b>Email address:</b> ..... <b>Company website:</b> ..... <b>Head office Location :</b> ..... <b>Details of Company representative:</b> <b>Name:</b> ..... <b>Responsibility/post:</b> <b>Tel:</b> ..... <b>Email:</b> .....			
<b>EXISTING EXPORTERS: PRODUCT SPECIFICATION: Fresh (.....) processed (.....)</b>				
Crop	Farm location	Ownership (tick)	Export Market/countries	Frequency of export
	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both : Other :		
	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both : Other :		
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	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both : Other :		
	Province : District : Sector :	Own production : Outgrowing scheme : Both :		

	Cell :	Other :		
<b>NEW EXPORTERS: PRODUCT SPECIFICATION: Fresh (.....) processed (.....)</b>				
<b>Crop</b>	<b>Targetted Farm location</b>	<b>Ownership (tick)</b>	<b>Targetted Export Market/countries</b>	
	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both : Other :		
	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both :		
	Province : District : Sector : Cell :	Own production : Outgrowing scheme : Both :		

I hereby solemnly declare that the above stated information is true and correct, I undertake without any reservation, to: abide by the terms of registration certification granted to us on all our exports, agree to abide by any code of conduct that may be prescribed, agree to provide export performance without fail quarterly and further understand that, our registration is liable to be cancelled in the event of breach of any of the undertaking mentioned above.

**Signature and Stamp**

Name:

Designation:

Place :

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*BP 104 Kigali, Tél. (250) 252 57 56 00*

