

**MINISTRY OF AGRICULTURE**

**TEA BOARD OF TANZANIA,**

**TETEX BUILDING, 1ST FLOOR**

**P. O. BOX 2663,**

**DAR ES SALAAM – TANZANIA.**

**TEL: +255 22 2114400, Email:** **info@teaboard.go.tz****, Website:** [**www.teaboard.go.tz**](http://www.teaboard.go.tz)

**APPLICATION FOR A TEA DEALER/BUYER/BROKER**

1. **CONTACT INFORMATION**

Applicant name: (Individual of Firm) …………………………………………………………………….

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

Tel: No………………………..…Telex…………………. e-mail………………………………………

1. **NAME OF DIRECTORS/PARTNERS/PRINCIPALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **ID** | **Nationality** | **Contact** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **CATEGORY OF APPLICATION**

I hereby apply to be licensed as a **TEA DEALER/BUYER/BROKER** for the year ending………………

I have/have not been previously licensed as a **TEA DEALER/BUYER/BROKER**

My previous license was No…………………………dated……………………………… which expired/expires on……………………………………………………………………………………………

1. **LOCATION OF THE BUSINESS**

My business office will be located at plot……………………….at……………………………...

Street……………………………...(Town/Place)

 I have read and will comply with the statutory Provisions governing the holding of license for **TEA DEALER/BUYER/BROKER.**

Signature of Applicant………………………………. Date……………………………………...

**FOR OFFICIAL USE ONLY**

License is granted to the named applicant to carry on the business of **TEADEALER/BUYER/BROKER** subjected to the relevant conditions.

***Checked and found correct:***

Signature…………………………………Designation…………………………...Date……………………

Authorized for grant of license:

Signature……………………………...... Designation…………………………...Date……………....