

COMPETITION AUTHORITY OF KENYA
APPLICATION FOR EXEMPTION - CAK. 4
(Exemption in respect of Professional rules)

To: The Competition Authority

From:

1. Name of Applicant Association

2. We apply in terms of section 29 of the Competition Act to exempt the professional rules of the applicant association from the provisions of Part III A of the Act.

3. This profession is registered is not registered in terms of a particular Act. (Insert name of Act)

4. We seek an exemption for a period of _____ years.

5. In respect of this matter, has previous exemption been:

Granted? Yes No

Refused? Yes No

6. If you answered "yes" to either question above, please provide the case number for the previous exemption application _____

7. Name and Title of Person authorized to sign:

Authorized Signature:

Date:

--

--

8. The following information must be included in your description of the agreement or practice for which you seek an exemption

1. Your address for service of documents
2. Names and addresses of other persons on whose behalf you apply
3. A short description of your business
4. A brief description of the practice or practices which you seek to have exempted and, if already in place, its date.
5. The names and addresses of other parties to that practice
6. A brief description of the professional standards
7. The facts and contentions on which you rely.

- 8. The sections of the Act that you believe may be contravened by the practice or practices you have described
- 9. Description of the services to which the proposed or actual exemption relate
- 10. The sections of the Act that you believe may be contravened by the practice
- 11. Description of the market(s) in which the services described in item 8 are supplied or acquired and other affected markets including: significant suppliers and purchasers; substitutes available for the relevant services; any restriction on the supply or acquisition of the relevant services
- 12. Detriment to the public resulting or likely to result from the exemption, in particular the likely effect of the agreement on the prices of the services.

9. Further information

Name and address of person authorized by the applicant to provide additional information:

Dated.....

Signed by/on behalf of the applicant

.....

(Signature and official seal or stamp)

.....

(Full Name and Position in Organization)

.....

10. For official use only:

Authority file number:

Date filed:.....

Contact.....