



**APPLICATION FOR RECOMMENDATION LETTER
 MINERAL TRADING LICENSE**

APPLICANT INFORMATION		
Date of application		
Name of the Applicant		
Contact of the Applicant	Tel:	Email:

COMPANY IDENTIFICATION		
Name of the Company		
Type of Business	<input type="checkbox"/> In-country Mineral Trader	<input type="checkbox"/> Mineral Exporter
Type of Commodity	<input type="checkbox"/> Coltan	<input type="checkbox"/> Cassiterite
	<input type="checkbox"/> Wolfram	<input type="checkbox"/> Other:
Reg. Number of the Company *		
Name of the Contact Person		
Contact of the Company	Tel:	Email:
Address of the company	Village:	Cell:
	Sector:	District:

S/N	Criteria	Yes/No	Comments
1.	Do you have contract with suppliers or intended suppliers? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Do you have contract with the Clients or intended Clients? (where to export) *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Do you have a due diligence policy for your mineral suppliers? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Do you possess a mineral processing strategy for value addition (machinery)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Do you have sub-branches in-country? If yes, please indicate the full address *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Are you a member of the Rwanda Mining Association? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Attach to this form, a FULLY copy of the Trading Licence Application*	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reserved to GMD

Observations of the evaluation committee :	Date:
	Approved by:

*Supporting document required