

FORM V.



**EMBASSY OF THE REPUBLIC OF KENYA
WASHINGTON, D. C.
2249 R. ST. N. W.
WASHINGTON, D. C. 20008
Tel: (202) 387 6101
Fax: (202) 462-3829**

VISA APPLICATION FORM

(To Be Completed In Block Letters)

- SINGLE/ MULTIPLE / VISA (Circle one) _____
1. A. Surname (Mr. /Mrs. / Miss) _____ B. Other Names In Full _____
C. Full Name Father/ Husband/ Wife _____
2. A. Date of Birth _____ Country and Place of Birth _____ Sex _____
B. Profession/ Occupation _____
3. A. Country of Residence _____
B. Nationality at Birth _____ C. Present Nationality, if different _____
4. Passport/ Travel Document Held:
A. No: _____ Place & Date of Issue _____
B. Issued By _____ Valid Until _____
(Name of Authority issuing Passport/ Travel Document)
5. Contact Address and Telephone number in the U. S. _____
6. A. Reason For Entry _____
B. Proposed Date of Entry _____ Duration of Stay _____
7. Full names and Addresses of Friends, Firms or Relatives To Be Visited, if any:

8. Dates and duration of previous visits to Kenya _____
9. Will You Be Returning To Your Country of Residence/
Domicile? _____
10. It should be noted that possession of a visa is not the final authority to enter Kenya.
I hereby declare that the foregoing particulars are correct in every detail.

Date: _____ Signature of Applicant: _____

TRAVELER ONE (1):

First Name:	Last Name:	M.I.:
Passport #:	Date of Birth:	

TRAVELER TWO (2):

First Name:	Last Name:	M.I.:
Passport #:	Date of Birth:	

SERVICES REQUESTED

Passport:	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Add Pages	<input checked="" type="checkbox"/> Amendment
Visa:	<input checked="" type="checkbox"/> Tourist	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Missionary	<input checked="" type="checkbox"/> Support
Country/Countries for which visa is required				
Entry:	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Double	<input checked="" type="checkbox"/> Multiple	
Processing Speed:		Departure Date:		

SHIP TO:

Company:	Contact Name:
Telephone #:	Email:
Address: (no p.o. box)	

FORM OF PAYMENT:

<input checked="" type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Company Check	<input checked="" type="checkbox"/> Visa	<input checked="" type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Discover (if check provide check #)	Check #:
Cardholder's Name:			Credit Card Number:			
Expiration Date:			CVV2 code:			
I authorize International Visa Service to charge the amount of: \$						
Signature:			Date:			

Please send all documents, including this form, and payment for the service fee, consular fee, and mailing fee to the address above. Services, fees and consular fees are non-refundable. International Visa Service is NOT responsible for any policy changes at any Consulates as well as delays, damages or loss of documents resulting from the action of the Embassy or mail courier service.

For official use only, please do not write below this line.