



CONSULATE GENERAL OF KENYA IN NEWYORK
866 UN PLAZA SUITE 4016
TEL: (212) 421-4741 FAX: (212) 486-1985

APPLICATION FORM FOR A VISA
(TO BE COMPLETED IN BLOCK LETTERS)

SINGLE VISA \$50.00 MULTIPLE ENTRY VISA \$100.00 .
TRANSIT VISA \$20.00

1. a. Surname (Mr/Mrs/Miss) _____ b. Other Names _____
c. Full Names of Father/Husband/Wife _____
(Names of husband or wife in case of married persons or father, if unmarried)
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 US _____

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 visas is not the final authority to enter Kenya.

I hereby declare that the foregoing particulars are correct in every detail.

Date _____ Signature of Applicant _____

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