

TELEPHONE: (310) 271-6635  
TELEX: KENYACON 696356  
TELEGRAMS: KENYACON  
FAX: (310) 859-7010



**KENYA CONSULATE**  
9150 WILSHIRE BLVD., SUITE 160  
BEVERLY HILLS, CALIFORNIA 90212

## VISA APPLICATION

### TO BE COMPLETED IN BLOCK LETTERS

- TYPE OF VISA: 1. SINGLE  2. MULTIPLE  (CHECK ONE)
1. (A) LAST NAME (SURNAME) MR./MRS./MISS \_\_\_\_\_  
(B) FIRST AND MIDDLE NAME IN FULL \_\_\_\_\_  
(C) FULL NAME OF FATHER/HUSBAND/WIFE \_\_\_\_\_  
(NAME OF HUSBAND OR WIFE IN THE CASE OF MARRIED PERSONS OR FATHER IF SINGLE)
2. ADDRESS IN THE UNITED STATES OF AMERICA  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_
3. (A) DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(B) PROFESSION/OCCUPATION \_\_\_\_\_
4. (A) NATIONALITY AT BIRTH \_\_\_\_\_  
(B) PRESENT NATIONALITY IF DIFFERENT \_\_\_\_\_  
(C) COUNTRY OF RESIDENCE \_\_\_\_\_
5. PASSPORT/TRAVEL DOCUMENT HELD: (A) NUMBER: \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_  
(B) ISSUED BY \_\_\_\_\_ VALID UNTIL \_\_\_\_\_  
(NAME OF THE ISSUING OFFICE: i.e. LOS ANGELES, DALLAS, etc.)
6. REASON FOR ENTRY \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_  
DURATION OF STAY \_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_
7. FULL NAMES AND ADDRESSES OF FRIENDS/HOTELS/FIRMS/RELATIVES TO BE VISITED IN KENYA  
\_\_\_\_\_  
\_\_\_\_\_
8. DATES AND DURATION OF PREVIOUS VISITS TO KENYA \_\_\_\_\_
9. GROUP/PRIVATE ARRANGEMENTS MADE THROUGH TOUR OPERATOR/TRAVEL AGENT: NAME, ADDRESS AND  
TELEPHONE NO. \_\_\_\_\_  
\_\_\_\_\_
10. IT SHOULD BE NOTED THAT THE 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 THE APPLICANT

**PLEASE TURN OVER FOR VISA REQUIREMENTS.**

*For Lifelong Memories Visit Kenya*