

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