

Transit, Single entry, 3-day stay PERSONAL INFORMATION: Last name: First name: Middle name: Gender: Male Date of birth (dd/mm/yyyy): Place of birth: City State:	Business
Last name: First name: Middle name: Gender: Male Female Date of birth (dd/mm/yyyy): Place of birth: CityState:	
Last name: First name: Middle name: Gender: Male Female Date of birth (dd/mm/yyyy): Place of birth: CityState:	
First name: Middle name: Gender:	
First name: Middle name: Gender:	
Middle name: Gender:	
Gender: Male Female Date of birth (dd/mm/yyyy): Place of birth: City State:	
Date of birth (dd/mm/yyyy): Place of birth: City State:	
Place of birth: City State:	
Country of birth:Nationality at	
	oirth:
Current nationality, if different at birth:	
Occupation (choose from list on Schedule A):	
Emergency Contact Name:	
Emergency Contact Phone number:	
Home Address:City:	
StateZip Code:	
Phone Number: Email:	

PASSPORT INFORMATION:

Passport Number: ______ Issuing Country: _____



Issue Date (dd/mm/yyyy):	Date of Expiry (dd/mm/yyyy):
TRAVEL INFORMATION:	
Specific purpose of travel:	
Tourist	Business
☐ Flight/Crew	Family Visit
Others, specify:	
Date of entry (dd/mm/yyyy):[Date of departure:
Entering Kenya by: 🗌 Air 🛛 Land	Sea
Port of entry:	
🗌 Jomo Kenyatta Airport, Nairobi	
🗌 Moi International Airport, Mombasa	
🗌 Kisumu International Airport (KIA)	
Other (Specify):	
Exiting Kenya by: 🗌 Air 🛛 Land	Sea
Port of Exit:	
Same as port of entry	
Other (specify):	
List the details of your host/contact in Kenya (b	usiness contact, hotel, or private host):
Full name (not needed if staying in hotel)	:
Business/Hotel name:	
Physical Address:	



Telephone: _			
Email:			
Have you previously	visited Kenya?		
□ _{No}	Yes, Dates of entry/Exit:to		
Have you ever been denied entry to Kenya?			
□ _{No}	Yes, provide details:		
Have you ever been	denied entry to another country?		
□ _{No}	Yes, provide details:		
Have you ever been convicted of a felony?			
□ _{No}	Yes, provide details:		

 \times I confirm that all information provided in this form is accurate and valid.

Name and signature:_____



SCHEDULE A

List of occupation, choose one closest to your profession/work:

- Accommodation, Hospitality and Catering Professional
- Accountant, Economist, Finance Professional
- Actor
- Advertising and Marketing Professional
- Agricultural, Agronomy, Fisheries and Forestry Professional
- Air and Maritime Transport Professional
- Archeologist
- Architects and Landscaping Professional
- Author
- Chief Executive and Managing Director
- Conference and Event Professional
- Cyber Security Professional
- Dance or Choreographer
- Driver
- Electrician
- Engineer
- Firefighter
- Florist
- Employee (Government entities)
- Graphics and Web Designer, Illustrator
- Hairdresser
- Historian
- Housekeeper
- Human Resource Manager
- ICT (Information Communication Technology) Professional
- Importers, Exporters, Wholesaler
- Jeweler
- Journalist, Blogger
- Judicial, and other legal Professional
- Librarian



- Lobbyist
- Manufacturer
- Medical Practitioner
- Meteorologist
- Military
- Minister of Religion
- Multimedia Specialist and Web Developer
- Music Professional
- Not working by choice
- Photographer
- Plumber
- Police Officer
- Project Manager
- Public Relations Professional
- Research and Development
- Retired
- Sales Professional
- School Teacher, University Lecturer and Tutor
- Self employed
- Social Worker
- Software and Applications Manager
- Sports Coach, Instructor
- Student
- Supply, Distribution and Procurement Professional
- Translator
- Veterinarian