

Instructions For Applications

Once you have downloaded the PDF form, save it your computer. Fill out the PDF form on your computer, save it, print it out.

If filling out the form on your pc is any problem, just print it out, complete the form by hand.

Send the filled out application to:

Travel and Visa
925B Peachtree Street, # 344
Atlanta, GA 30309

Decide what return shipping you want: Return Shipping(Per Person)

Return shipping method:

FedEx 2nd day delivery \$23
FedEx Standard Overnight \$27
FedEx Priority Overnight \$30
FedEx Saturday delivery \$45
FedEx First Overnight \$65
Prepaid self-addressed mailer \$0

With sending the complete filled out application, Please send:

Your Passport, with at least 6 months validity left, 2 blank pages available,
1 passport size picture,

Payment (include your check or money order) if paying with a credit card please fill out the below credit card authorization form.

Total cost of the Visa = Consular Fee + our Services Fee + Shipping Fee

Please keep in mind, that the processing time is calculated from the next business day following the receipt of your documents.

All Visa Processing is in business day(s), the shipping doesn't count towards your Visa Processing time, please keep this in mind and plan accordingly.

If you have any questions, comments, concerns, please contact us on:

Phone: 404-452-7288

Fax:404-551-5279

E-mail:info@travelandvisa.com



CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card holder shown on credit card) I, _____

hereby authorize Travel and Visa & its agents to charge my: ___ AMEX ___ VISA ___ MASTERCARD ___ DISCOVER

_____ Exp. d. (mm/yy) _____ in the amount of \$ _____

Traveler 1: _____ Date of birth (mm/dd/yy) _____

For the following Services (PLEASE SPECIFY):

My billing address: _____

My mailing address (if differs from billing): _____

Phone: _____ FAX: _____ E-Mail: _____

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

Change and/or Cancellation Policy: **Visa& Visa Support** fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee. Please contact us for details.

(Signature of cardholder) **Date:** _____



FORM V.

**EMBASSY OF THE REPUBLIC OF KENYA
CONSULAR SECTION
2249 R STREET, N.W.
WASHINGTON, D.C. 20008**

VISA APPLICATION FORM
(To Be Completed In Block Letters)

SINGLE/MULTIPLE/TRANSIT VISA FOR _____

1. a. Surname (Mr./Mrs./Miss) _____ b. Other Names In Full _____
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 In The Country of Residence _____

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. Are you returnable 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 _____

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