

Fax: 404-551-5279 E-mail:info@travelandvisa.com

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

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

Send completed application to: Travel and Visa 285 Centennial Olympic Park Drive NW Unit 1207 Atlanta, GA 30313

Please choose return shipping method: Return Shipping (Per Person)

Return shipping method:

- FedEx 2nd day delivery \$24
- Event Standard Overnight \$28
- EredEx Priority Overnight \$33
- EFedEx Saturday delivery \$46
- Event First Overnight \$67
- Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7

Along with completed application, please send the following:

- ☐ Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
- ☐ 1 passport size picture,
- a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
- Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below.
 - any additional paperwork listed in the requirements for visa of your choice

Total cost = Visa Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

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

Phone: 404-452-7288 Fax: 404-551-5279 E-mail: info@travelandvisa.com



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CREDIT CARDHOLDER'S AUTHORIZATION FORM

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

ge my: ER	
Exp. (mm/yy)	in the amount of \$
date d	of birth (mm/dd/yy)
State:	Zip:
State:	Zip:
FAX:	
	ER Exp. (mm/yy)date of date of State: FAX:State:

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.

_____ Date: _____

(Signature of cardholder)



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)

SIN	GLE	/MULTIPLE/TRANSIT VISA FOR	
1.	а. с.	Surname (Mr./Mrs./Miss)b. Other Names In Full Full Names of Father/Husband/Wife (Names of husband or wife in case of married persons or father if unmarried)	
2.	a. b.	Date of Birth Country and Place of Birth Sex Profession/Occupation	
3.	a. b.	Country of Residence c. Present Nationality, if different	
4.	Passport/Travel Document Held: a. No Place & Date of Issue b. Issued by (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.	Da	tes and duration of previous visits to Kenya	
9 .	Are you returnable to your country of residence/domicile?		
1 0.	It should be noted that possession of a visa is not the final authority to enter Kenya		
	Ιh	ereby declare that the foregoing particulars are correct in every detail.	
	Da	te Signature of Applicant	

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