

REPUBLIC OF KENYA THE KENYA CITIZENSHIP AND IMMIGRATION ACT, NO.12

APPLICATION FOR DEPENDANT'S PASS

APPLICANT'S PARTICULARS

Affix photo

	(All part	iculars to be in capita	l letters)		
1.	Full names: Mr./Mrs./Miss				
2.	Contacts (Postal address, te	lephone number, emai	l address)		
3.	Nationality (Attach passpor				
4.	Immigration status (Attach exemption)	permit or permanent re	esidence cert	tificate or evidence of	
5.	Relationship to the dependa	ınt			
6.	Particulars of other dependants, whether in Kenya or elsewhere, including spouse				
	and children:				
	Full names	Relationship	Age	Resident at	
			•••••		
			•••••		
	PARTICULARS OF DEP	ENDANT			
7.	(a) Full names of dependant: Mr./Mrs./Miss				
	(b) Contact (Postal address, physical address, telephone number, email address)				

(c) Sex				
(d) N	(d) Marital status (Attach proof of marriage)			
(e) I	(e) Date and place of birth (Attach birth certificate)			
Passj	Passport Number date and place of issue			
Natio	Nationality			
Parti	Particulars of any change of dependant's name (Attach proof)			
	the applicant, declare that the foregoing			
	particulars are correct in every detail.			
-	Date			
Date				
	Signature of applicant			
Note	0 0 11			
i.	This application cannot be considered unless all the required particulars are completed in full.			
ii.	One form of application is to be completed in respect of each dependant for whom a pass is required.			
For a	For official use			
Dec	Decision: Approved/Not Approved/Deferred			
Rei	Remarks:			
Off	Officer:			
	Signature:			
Dat				