

APPLICATION TO VISIT REFUGEE CAMPS IN KENYA (Refugee Act 2006)

Name(s) of applicant: _____ Nationality: _____

Gender (tick) Male Female

Name of Organization: _____

Street: _____ Town: _____ Country: _____

Address: _____ Tel No.: _____ E-Mail: _____

Activities of the organization: _____

Purpose of visiting the Refugee Camp: _____

Benefits of visiting the Refugee Camp: _____

Availability of accommodation at the camp (tick) Yes No

The host organization at the camp: _____

Date of visit: From: _____ To: _____

Signature of applicant _____

Date _____

Official Stamp _____

For official use only

Recommended/ Not recommended _____

Name of officer _____

Signature _____

Date _____

Approved/Not approved _____

Name of officer _____

Signature _____

Date _____

Send form to refugeeaffairs@kenya.go.ke