FORM 6 (R. 15 (1))

REPUBLIC OF KENYA

THE IMMIGRATION ACT (Cap. 172)

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APP	PLICATION FOR A D	EPENDANT'S PASS	S		
(One form of application is to	o be completed in respe	ect of each dependant j	for whom a pass is		
required).		FOR OFFICIAL USE ONLY			
		Dependant's Pass Approved/Not			
To: THE PRINCIPAL IMMIGRATION	ON OFFICER,	APPROVED SECURITY			
P.O. Box 30191,					
Nairobi, Kenya.		Date	Date Immigration Officer		
I hereby apply for a dependar	nt's pass in respect of (n	name of dependant)			
	APPLICANT'S PA (All particulars to be				
1. Full Names: Mr./Mrs./Mis	s:				
2. (a) Postal Address					
(b)Nationalily					
(c)Passport No					
3. Particulars of entry permit					
4. Relationship to the depend					
5. Particulars of other depend					
Full Names	Relationship	Date of Birth	Resident at		
	DEPENDANT'S PA	ARTICULARS			
6. (a) Full Names of Dependa	ant.: Mr./Mrs./Miss				
(b) Present residential add	ress				
(c)Sex	(d) Marital status				
(e)Date and place of birth					
	(Proof of birth / or ma	rriage to be attached	to this application)		
7. Number, date and p1ace Nationality					
8. Particulars of any change of					
•					
I,					
the applicant, hereby de	clare that the foregoir	ng particulars are co	rrect in every detail.		
Date					
N. mil II i	., , ,		nature of Applicant		
Note: -This application cannot b	e considered unless all th	ie required particulars ar	e completed in full.		