



# DEPARTMENT OF REFUGEE SERVICES

## APPLICATION FORM TO VISIT REFUGEE CAMPS IN KENYA

Name(s) of applicant: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender (tick)            Male             Female

Name of your organization: \_\_\_\_\_

\_\_\_\_\_

ID No. /Passport No (for all travelers): \_\_\_\_\_ Signature: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Activities of the person/your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of camp visited: \_\_\_\_\_

Date of visit: From \_\_\_\_\_ To \_\_\_\_\_

Purpose of visit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benefits of your visit to asylum seekers and refugees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Availability of accommodation at the camp (tick)    Yes        No   

The host organization at the camp: \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

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**For official use only**

Approved/Not approved \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Attach copies of: ID/Passport, NACOSTI Permit (for researchers), KFCB (for film makers) or MCK (for journalists) and send to:

The Commissioner for Refugee Affairs,  
Department of Refugee Services,  
PO Box 42227-00100,  
Upper Hill, Kiambere Road

Or  
Through [refugeeaffairs@refugee.go.ke](mailto:refugeeaffairs@refugee.go.ke).