



**OFFICE OF THE PRESIDENT  
MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT  
OFFICE OF THE DIRECTOR OF IMMIGRATION SERVICES**

FORM 27

**REPORT ON EMPLOYMENT**

(Under section 45(3) (b))

Part 1:

**EMPLOYER/BUSINESS NAME IN FULL:**

.....  
 .....

- (a) Postal address .....
- (b) E-mail address.....
- (c) Telephone number: Landline ..... Cell.....
- (d) Branch (if any) .....
- (e) Location of business .....
- (f) PIN certificate number .....

**2. Chief executive officer/person principally in charge:**

a. Name

.....  
 .....

b. Telephone number: landline.....cell.....

c. E-mail address .....

d. Postal address .....

**3. Nature of business.....**

.....  
 .....

**4. Total employees as at this .....day of .....20.....**

*(If you have NOT employed expatriates/non Kenyans, you need not fill the part 1 below)*

Part 2:

Expatriates and their Kenyan understudies (where applicable)

EXPARTRIATES						KENYAN UNDERSTUDY		
NO.	Name	R. Number	Nationality	Qualification(s)	Job Category	Name	Qualification	PPT/ID
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
TOTAL Number(Expatriates)								

*(Attach additional sheets if necessary and ensure this form is stamped with the official company stamp)*

*Guidance on Job Category:*

1. Top management/directors
2. Middle level management
3. Technical level
4. Support staff