



**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:

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- (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

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.....

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

c. E-mail address

d. Postal address

3. Nature of business.....

.....
.....

4. Total employees as at thisday of20.....

(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