



221 Affix two current passport size photographs

QUESTIONNAIRE: CATEGORY B

APPLICATION FOR PERMANENT RESIDENCE: BY WORK PERMIT HOLDERS UNDER THE KENYA CITIZENSHIP AND IMMIGRATION ACT NO. 12 OF 2011.

PART A: - PARTICULARS OF THE APPLICANT (To be completed by applicant using BLOCK LETTERS)

Surname.....First Names.....

Date and Place of Birth.....Present Nationality.....

Passport No.....Date and Place of Issue.....

Contacts: Residential

Address/Postal/Address/Email/Mobile.....

.....

.....

Gender: (Male/Female). Marital Status: (Married/Single) **Delete as appropriate*

Contact in Country of Nationality /Residential Address/Postal Address:

.....

.....

PART B: - PARTICULARS OF APPLICANT’S FAMILY

Particulars of Spouse(s)

Names	Citizenship	Date/Place of birth	Date of Marriage
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.....

.....

.....

List of Countries and Addresses in which your spouse has resided for the last one year or more during the last 7 years (till present date)

From	To	Address	Country
.....
.....
.....

Particulars of Applicant's Children

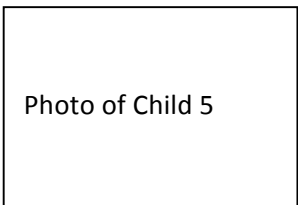
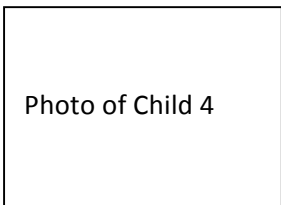
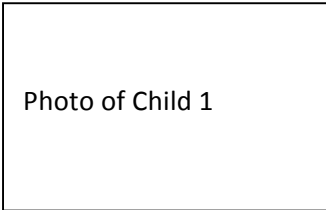
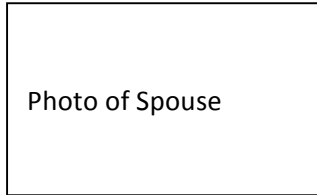
Names	Gender	Nationality	Date/Place of birth	Passport No.	Applying for PR?
.....
.....
.....

SPOUSE AND CHILDREN APPLYING FOR PERMANENT RESIDENCE (applicable if spouse/children are applying for PR)

Name of spouse and children to be included in this application:

Spouse:

- (1) _____ Birth Cert. No: _____
- (2) _____ Birth Cert. No: _____
- (3) _____ Birth Cert. No: _____
- (4) _____ **Birth Cert. No:** _____
- (5) _____ Birth Cert. No: _____



DECLARATION OF APPLICANT AND FAMILY MEMBERS INCLUDED IN PART B

WARNING: IT IS AN OFFENCE UNDER THE ACT TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION IN CONNECTION WITH THIS APPLICATION

Have you or has any one of the persons included in Part C of this application ever:

- | | | | |
|-----|---|-----|----|
| (a) | Been a PI-Prohibited from entering Kenya or any other Country? | Yes | No |
| (b) | Been refused work permit/required to leave Kenya | Yes | No |
| (c) | Been refused entry into or deported from Kenya or any other Country | Yes | No |
| (d) | Been convicted of or currently charged with a crime or offence in | | |
| | (i) Kenya? | Yes | No |
| | (ii) Any other Country? | Yes | No |

If your answer is "Yes: to any of the above, please provide details here. If you need more space, attach a sheet of paper and write your name on it.

Have you or has any one of the persons included in Part C ever entered Kenya using _____ Yes _____ No
 Other passports and different particulars?
 If "Yes", please state: Name and Date of Birth: _____
 Type and Passport No: _____ Date of Issue: _____
 Please provide detailed particulars of all passports used.

I hereby make application for the grant of Permanent Residence under the Immigration and Citizenship Act No. 12 of 2011 for:
 (a) Myself
 (b) My spouse *(as indicated in Part B of the application form); and
 (c) My children *(as indicated in Parts C and/or D of the application form);
 *delete where inapplicable.

I/We declare that the particulars stated in this application and the documents submitted with it are all true and correct to the best of my knowledge and belief, and that I/We have not willfully suppressed any material fact.
 I/We hereby give my consent to the use of the same set of thumb prints and photograph, submitted in respect of my application for immigration facilities, for the purpose of Identifying Card registration, if applicable.
 I/We also hereby give my consent for your department to obtain and verify the information provided by me in respect of this application, from or with any source, as you deem appropriate for the purpose of assessment of my/our application for immigration facilities.

_____ Date _____ Signature _____ Signature or right thumb print Impressions
 of Applicant's Spouse (if applying for PR
 with the Applicant).

PART C: - EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS ATTAINED AND/OR VOCATIONAL/INDUSTRIAL TRAINING COMPLETED				
Duration of Course (DD/MM/YYYY)		Academic and Professional qualifications as Detailed in Certificates and/or Vocational/Industrial Training Received	Name and Address of Institutions, Vocational Training Centers/Factories (State the Country)	Nature of Course/Training (to specify full-time or Part-time) e.g. Information Technology (Full-time)
From	To			

LIST DETAILS OF ACHIEVEMENTS AND INNOVATIONS WHICH YOU HAVE MADE IN YOUR PROFESSION/OCCUPATION

MEMBERSHIP OF PROFESSIONAL SOCIETIES, ASSOCIATIONS, CLUBS AND OTHER ORGANISATIONS	
Name of Society and/or Organizations	Position Held

PREVIOUS EMPLOYMENT ABROAD (In chronological order)				
Period of Employment		Name and Address of Organizations(s)/Firm(s)/Company (State the Country)	Position held and Responsibilities	Salary per month (Kshs)
From	To			

PART D: - WORK PERMIT/RESIDENCE HISTORY

EMPLOYMENT RECORD IN KENYA (In chronological order)				
Period of Employment		Name and Address of Organizations(s)/Firm(s)/Company (State the Country)	Position held and Responsibilities	Class and Work Permit No.
From	To			

PART E: - REFERENCE BY THE EMPLOYER/INVESTOR

Please note that the signing of this form does not imply company's OR Employer's Sponsorship. The signature is to serve as confirmation that the information provided is accurate and valid

<p>Information on Main Applicant's Current Employment Note: This form is to be completed by the main applicant's employer. Employer's sponsorship of the application is not a requirement. Completing this form does not imply employer's sponsorship of the application. The information Provided by the employer will enable the Department of Immigration to better assess the application. If the space provided is insufficient, please furnish the relevant details on a separate sheet of paper.</p>		
Name of applicant		KRA PIN No. of applicant
Name and Address of Company/Firm		
Telephone Number	Date & Place of incorporation	Authorized capital/paid-up capital are not applicable as the company/firm is a (select one only) Sole Proprietorship Partnership
Authorized Capital (KSHS)	Paid-up Capital (KSHS)	Others (Please specify): _____ KRA PIN NO.
The company/firm is: (select only) Foreign-owned Joint-venture Locally-owned Public listed		If foreign-owned, the Kenya Office is a: Regional/Rep Office Branch
		If it is a Public-Listed Company, please indicate date and place of public listing. If it a joint-Venture, please state the percentage of foreign participation.
Nature of Business (select one only) Manufacturing Restaurant/Hotel Construction IT/Communication Trading Real Estate Shipping/Transport Banking/Financial Services Others Please specify main products and/or activities:		
Value of turnover of the company/firm in the past 3 years: (1) Year _____ : KSHS _____ (2) Year _____ : KSHS _____ (3) Year _____ KSHS _____		
Present staffing position: Kenyan Citizens/Permanent Residents: Foreigners:		
Positions held and details description of duties of applicant:		
Date of commencement of Employment with Present Employer in Kenya	Period of Employment with Company/Firm..... Year(s)..... Months(s)	Present Salary Per month (KSHS) Basic Salary: _____ Gross Salary: _____
I hereby certify that the information given in this form is to the best of my knowledge, true and correct.		
Full Name: _____		Signature: _____
Designation: _____ (Company seal/Stamp)		Date: _____

APPENDIX

AUTHORISATION TO OBTAIN AND VERIFY INFORMATION PROVIDED FOR APPLICATION OF PERMANENT RESIDENCE IN KENYA

Please complete this form to give your consent for the Department of Immigration Services to obtain and verify information from Kenya Revenue Authority or including any information relating to taxation, the income or items of income, provided in respect of this application for the grant of Permanent Residence under the Kenya Citizenship and Immigration Act No. 12 of 2011.

I consent and authorize the Department of Immigration to obtain information and verify the information provided by me in respect of this application and for them to disclose the information for the purpose of assessment of this application for the grant of Permanent Residence.

Name

Signature of Applicant

Date

*Delete where appropriate