



THE AUTOMOBILE ASSOCIATION OF KENYA
P O BOX 40087 – 00100 NAIROBI

APPLICATION FOR AN INTERNATIONAL DRIVING PERMIT
(COMPLETE IN BLOCK CAPITALS)

SURNAME _____

OTHER NAMES _____

First Name

Middle Name

| | | | |
|-----------------|--|----------------|-----------------|
| POSTAL ADDRESS | | POSTAL CODE | |
| TOWN | | NATIONALITY | |
| NATIONAL ID NO. | | PASSPORT NO. | |
| TELEPHONE NO. | | CELL PHONE NO. | |
| E-MAIL ADDRESS | | | |
| PLACE OF BIRTH | | DATE OF BIRTH | D D M M Y Y Y Y |

KENYA DRIVING LICENCE NO.

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EXPIRY DATE OF KENYA DL

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

CLASSES ENDORSED (Please indicate by a tick)

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|---|---|---|---|---|---|---|---|---|---------|
| A | B | C | D | E | F | G | H | I | OTHER : |
| | | | | | | | | | |

COUNTRIES PERMIT REQUIRED _____

| | | | |
|-------------------|--|-------------|--|
| AA MEMBERSHIP NO. | | VALID UNTIL | |
|-------------------|--|-------------|--|

I _____ (Name) hereby certify that the details given above are correct.

SIGNATURE _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

FOR OFFICIAL USE ONLY

CHECK LIST

- 2 passport size photos
- Original valid Kenya DL
- Copy of valid Kenya DL
- Copy of Passport
- Copy of National ID
- Membership Card
- Relevant Fee

| | | |
|--|-------------------|-----------------|
| | RECEIPT NO. | |
| | AMOUNT (Ksh) | |
| | IDP NO. | |
| | IDP ISSUE DATE | D D M M Y Y Y Y |
| | IDP EXPIRY DATE | D D M M Y Y Y Y |
| | ISSUED AT(BRANCH) | |
| | ISSUING OFFICER | |
| | SIGNATURE | |