



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

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

NAME _____
Surname First Name Middle Name

POSTAL ADDRESS _____ POSTAL CODE _____

TOWN _____ TELEPHONE NO. _____

E-MAIL ADDRESS _____

NATIONAL ID NO. _____ PASSPORT NO. _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

WHICH KENYA DRIVING LICENCE ARE YOU CURRENTLY HOLDING?

ORIGINAL NO. _____

INTERIM NO. _____

DATE OF EXPIRY _____ CLASSES ENDORSED _____

ISSUING AUTHORITY _____

COUNTRIES PERMIT REQUIRED _____

AA MEMBERSHIP NO. _____ VALID UNTIL _____

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

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

CHECK LIST

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

<input type="checkbox"/>	RECEIPT NO.	
<input type="checkbox"/>	AMOUNT (Ksh)	
<input type="checkbox"/>	IDP NO.	
<input type="checkbox"/>	ISSUING OFFICER	
<input type="checkbox"/>	SIGNATURE	
<input type="checkbox"/>	DATE OF ISSUE	