



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

D	D	M	M	Y	Y	Y	Y
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CLASSES ENDORSED (Please indicate by a tick)

A	B	C	D	E	F	G	H	I	OTHER :

COUNTRIES PERMIT REQUIRED _____

AA MEMBERSHIP NO.		VALID UNTIL	
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I _____ **(Name) hereby certify that the details given above are correct.**

SIGNATURE _____

DATE

D	D	M	M	Y	Y	Y	Y
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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

<input type="checkbox"/>	RECEIPT NO.	
<input type="checkbox"/>	AMOUNT (Ksh)	
<input type="checkbox"/>	IDP NO.	
<input type="checkbox"/>	IDP ISSUE DATE	D D M M Y Y Y Y
<input type="checkbox"/>	IDP EXPIRY DATE	D D M M Y Y Y Y
<input type="checkbox"/>	ISSUED AT(BRANCH)	
<input type="checkbox"/>	ISSUING OFFICER	
<input type="checkbox"/>	SIGNATURE	