R.																										
7.	•	•	۰	۰	۰	٠	٠	٠	٠	۰	٠	٠	٠	٠	٠	٠	٠	٠	٠	۰	٠	٠	٠	٠	٠	•

FORM 5

Affix two current passport size photographs



REPUBLIC OF KENYA

THE KENYA CITIZENSHIP AND IMMIGRATION ACT 2011

APPLICATION TO REGAIN KENYA CITIZENSHIP (Under Section 10)

Fill in Capital letters

Full name
Place and date of birth of applicant
Contacts:
Postal address
Email
Phone
Residence at the time of application (in and out of Kenya)
(i)
(ii)
1. Ibeing a citizen o
(Country/countries)
and having been a citizen of Kenya by birth up towhen I ceased to be a
citizen of Kenya on account of
(manner of loss of Kenyan citizenship) hereby make an application to regain my Kenyan citizenship.

	Passport No.	Place and date of issue	Issuing authority
a)			
b)			
c)			
3. Evi	dence of previous Kenya citiz	enship	
	Passport Birth Certificate National ID Others (give details)		
4. Evi	dence of citizenship at the tim	e of this application	
5. Deta	ails of parents:		
(a) Fat	ther's name		
Dat	te of birth		
Pla	ce of birth	(Location)	(District)
		(County)	
(b) Mo	other's name		
Dat	te of birth		
Pla	ce of birth	(Location)	(District)
		(County)	
Dated	thisday of .		20
	Signature		

2. I am a holder of the following *passport(s)

FOR OFFICIAL USE ONLY

Documents produced:-
Passport No
Other documents
Checked by
Received by