
Name	Document	Type/no	Nationality	Tel No	Email address



Type	Make / Model	Colour	Seating capacity	Driver's name	License no
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THE REPUBLIC OF KENYA
MINISTRY OF FOREIGN AND DIASPORA AFFAIRS (MFDA)
OVER FLIGHT AND LANDING CLEARANCE REQUEST FORM

UNESCO - EARFAI

24th - 26th June 2024, Nairobi Kenya (To be attached with a Note Verbale)

Country/Organization _____ Tel.No. - _____

1.	COUNTRY/EMBASSY/INT. ORG.
2.	TYPE OF AIRCRAFT:
3.	REGD. OPERATOR AND BO. NO.
6.	PURPOSE OF FLIGHT:
7.	CAPTAIN NAME:
8.	NAME AND STATUS OF VIP:
9.	DEPARTURE POINT:
10.	ARRIVAL POINT:
11.	TYPE OF AIRCRAFT:
12.	REGD. OPERATOR AND BO. NO.:
13.	NAME AND STATUS OF VIP:
14.	DEPARTURE POINT:
15.	ARRIVAL POINT:
16.	TYPE OF AIRCRAFT:
17.	REGD. OPERATOR AND BO. NO.:
18.	NAME AND STATUS OF VIP:
19.	DEPARTURE POINT:
20.	ARRIVAL POINT:
21.	TYPE OF AIRCRAFT:
22.	REGD. OPERATOR AND BO. NO.:
23.	NAME AND STATUS OF VIP:
24.	DEPARTURE POINT:
25.	ARRIVAL POINT:



People originating from the listed countries must provide a valid certificate of yellow fever:

Angola	Mali
Benin	Mauritania
Burkina Faso	Niger
Burundi	Nigeria
Cameroon	Senegal
Cote d'Ivoire	Sierra Leone
Republic of Congo	South Sudan
Central African Republic	Sudan
Democratic Republic of Congo	Togo
Chad	Uganda
Equatorial Guinea	Ghana
Ethiopia	Guinea
Gabon	Guinea Bissau
Gambia	Kenya
Liberia	

Brazil	Peru
Bolivia	Ecuador
Columbia	Panama
Paraguay	Venezuela
Trinidad and Tobago	Argentina
French Guyana	Guyana
Suriname	Peru

INSURANCE COVER		
S/NO	INSURANCE	INSURANCE
1	JUBILEE INSURANCE CO. LTD	AAR HEALTH SERVICES LIMITED
2	CO-OPERATIVE INSURANCE COMPANY LIMITED (CIC)	AETNA GLOBAL
3	UAP PROVINCIAL INSURANCE CO LTD	ALLIANCE INTERNATIONAL MED SERV(AIMS)
4	APA INSURANCE COMPANY LIMITED	ALLIANZ WORLDWIDE
5		



S/No	Insurance	S/No	Insurance
	INPATIENT	15	LASER INSURANCE BROKERS LTD
1	AAR INSURANCE KENYA LTD	16	MADISON INSURANCE
2	AON MINET INSURANCE	17	NATIONAL HOSPITAL INSURANCE FUND
3	APA INSURANCE	18	PACIS INSURANCE
4	ALS LIMITED	19	SANLAM GENERAL INSURANCE LTD
5	BRITISH AMERICAN INSURANCE	20	TAKAFUL INSURANCE OF AFRICA
6	CIC INSURANCE	21	



THE REPUBLIC OF KENYA
MINISTRY OF FOREIGN AND DIASPORA AFFAIRS (MFDA)
RADIO COMMUNICATION EQUIPMENT FORM

Country /Organization _____
Tel.No. _____

SN	Name Holder	of	Passport No.	Type of Radio	Serial No.	Transmission Frequency
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