



KENYA AIRPORTS AUTHORITY

.....AIRPORT

LANDSIDE BUSINESS OPERATOR, PASS LOSS REPORT FORM

PART 1 (To be completed by applicant)

1. Full Name Mr. /Mrs./Miss.....
(underline surname)
2. National Id. No./Ppt. No. E-mail:
3. Employer Designation / Position.....
4. Address.....
5. Lost landside pass number..... Date issued..... Expiry.....
8. Brief circumstances on loss.....
.....
9. Whether report was made to police * YES NO If yes attach police abstract report.
10. I certify that to the best of my knowledge and belief the above information is true and correct.

Date.....
Signature of applicant

PART II (To be completed by the employer)

I confirm to the best of my knowledge and belief, I have no cause to doubt the above report and therefore recommend the employee to be issued with a duplicate pass.

Date
Signature of employer and Stamp or Seal

PART III (For Official Use Only)

SECTION A

Replacement pass* Approved Not Approved

Remarks (if any)
.....
Authority Date

SECTION B

Circulation in lost pass watch list*

Recording Officer's Name Signature Date

SECTION C (Issuance)

PASS No. Paid K. Shs. Receipt No.
Expiry Date Date

- N. B.** i) *No replacement of a pass without police report.*
 ii) *It is criminal offence to furnish false information.*

iii) To be completed by applicant and submitted with k.sh 1,000 replacement fee.