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## Visas

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Expiration Date: 7/31/2017

Estimated Burden: 1 minute

**For appointment or payment issues, please contact our Service Desk at +254-20-819-0600 (in Kenya) or +1 703-988-7112 (in the United States).**

Select your inquiry:

Please Select

Who are you?:

Please Select

Full Name of Applicant (First, Middle, and Last):

Passport Number of Applicant:

Your Name (if different than applicant):

Your Email Address\*:

Inquiry Comments:

(limited to 500 characters only)

17. Verification:



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U.S. Embassy  
Consular-IV Unit  
P.O. Box 808 Village Market  
00821 Nairobi, Kenya



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OMB Approval No. 1405-0193

Expiration Date: 7/31/2017

Estimated Burden: 1 minute

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**Select your inquiry:**

Please Select

**Who are you?:**

Please Select

**Full Name of Applicant (First, Middle, and Last):**

**Passport Number of Applicant:**

**Your Name (if different than applicant):**

**Your Email Address:\***

**Inquiry Comments:**

(Limited to 500 characters only)

**Inquiry Comments:**

(Limited to 500 characters only)

^

v

17. Verification:



  
  




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Submit

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Select your inquiry:

Please Select
Request information on visa denial
Request information on a case in administrative processing
Report information on a lost or stolen non-immigrant visa
Report fraud
Other

**Full Name of Applicant (First, Middle, and Last):**

**Passport Number of Applicant:**

**Your Name (if different than applicant):**

**Your Email Address:\***

EMBASSY OF THE UNITED STATES  
**NAIROBI • KENYA**



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Grant

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Apply for a

Five or  
more grants

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es & G-4  
N Staff

Select your inquiry:

Please Select

as (F1)

Who are you?:

visitor (J)

Please Select  
The Applicant  
Family Member or Friend of Applicant  
Attorney  
Organization/Company/School  
Other

(First and Last):

visitor  
2009

Business  
(B2)

Passport Number of Applicant:

Artists/  
Athletes (P)

Your Name (if different than applicant):

Workers

Temporary

Your Email Address:\*

Comments

Required Comments: