

OFFICE OF THE PRESIDENT

MINISTRY OF THE INTERIOR AND CO ORDINATION OF NATIONAL GOVERNMENT

TELEPHONE

FAX:

E-MAIL

When Replying Please Quote;

REF:



OFFICE OF THE CHIEF,
..... LOCATION,
P.O BOX,

Date: _____

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

REF: INTER COUNTY TRAVEL FORM

For the transport services being exempted under rule 4 (1) of the Public Health (COVID-19 Restriction of Movement of Persons and Related Measures) Rules, 2021.

Applicant Name..... ID No Tel:.....

Contact person Tel:.....

County of origin..... Destination

Purpose of the trip.....

Route Travel Date Return Date

Travel hours

Chiefs Comments.....

.....

.....Contact.....

Signature/stamp

CHIEF

..... LOCATION