

THE PRESIDENCY

MINISTRY OF THE INTERIOR AND CO ORDINATION OF NATIONAL GOVERNMENT

TELEPHONE

FAX:

E-MAIL

When Replying Please Quote;

REF:



OFFICE OF THE CHIEF,
MURUNGARU LOCATION,
P.O BOX 69-20117,
NAIVASHA.

Date: _____

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

REF: INTER COUNTY TRAVEL FORM

ESSENTIAL SERVICES

1. Food stuffs

2. Hardware

3.

4.

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, 2020.

Employer/Company name..... Contact person Tel:.....

Vehicle body type Reg No..... color

Full Name of driver..... ID No Tel:.....

Full name of co-driver..... ID No Tel:.....

County of origin..... Destination

Purpose of the trip.....

Route

Nature of cargo.....

Travel hours

Signature/stamp

CHIEF
MURUNGARU LOCATION