Date:

Director of Immigration Services

P.O Box 30191-00100

Nyayo House NRB

**RE: COMMITMENT TO PAY FEES AND OTHER REQUIREMENTS FOR MY SON/DAUGHTER.**

I Mr. /Mrs. /Miss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby commit myself to cater for Son/Daughter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

needs while schooling at The Swedish School Association of Kenya.

Yours Faithfully,

Legal Guardian