**KISM F37**

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**REPUBLIC OF KENYA**

**MINISTRY OF LANDS AND PHYSICAL PLANNING**

**KENYA INSTITUTE OF SURVEYING AND MAPPING**

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**CLIENT REFERRAL FORM**

**a. Personal Detail**

Clients’ Name……………………Adm. No.…………………………………

Stage ……………………………………..Date………….…………

**b. Reason for Referral (Tick where appropriate)**

1. Personal
2. Academic
3. Family
4. Work
5. Relationships
6. Any other (specify)………………………………………………………..

Name of Referee………………………………………………………

Designation……………………………………………………………

Signature………………………Date…………………………………….