



NATIONAL HOSPITAL INSURANCE FUND

(HF/HRM 012 Revised 2010)

APPLICATION FORM FOR CHANGE OF BANK DETAILS

FROM: FULL NAME:.....

PF/NO:..... STATION:.....

TO: PAYROLL ADMINISTRATION
HUMAN RESOURCE DIVISION
NHIF.

Dear Sir/Madam,

RE: PAYMENT OF SALARY THROUGH THE BANK

I, the undersigned, do hereby request you to change payment of all sums of money now due to me in respect of salary or allowances from the current bank account indicated below.

Name of Bank:.....

Name of Branch:.....

Account Number:.....

Bank Clearance.....Date.....Official stamp.....

PLEASE DIRECT TO:

Name of Bank: **NATIONAL BANK OF KENYA**
Bank Code: **12036**
Account Number: **01071225879600**

The acknowledgement of the said branch of the bank shall be your full and sufficient discharge. This authority cancels any other one given by me prior to this date.

Signature

Designation.....

Date.....