



NATIONAL HOSPITAL INSURANCE FUND

P.o Box 30443

Nairobi

BANK DETAILS FORM

INSTITUTION/COMPANY NAME:

ADDRESS:

POSTAL CODE:

TELEPHONE:

FAX:

Email address:

Mobile No.

Business Registration Certificate/Incorporation NO:

Date locally registered/Incorporated: Day Month Year

PIN:

Types of Business:- Sole proprietor Partnership Limited Liability Informal Body

Trust School Others (Specify)

Type of Account:- Current Savings Others (Specify)

Names in full (BLOCK CAPITALS) of Authorised Users/Directors/Partners	Official Position	ID Number	Speciment Signature

ACCOUNT NO.

BANK NAME:

BANK CODE:

BRANCH NAME:

BRANCH CODE:

BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE STATED ABOVE

AUTHORISED SIGNATORY

BANKER'S STAMP

NB: Please attach certified copies of:- Registration Certificate, VAT, PIN and and ID