



(Revised January 2018)

**THE PRESIDENCY  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH**

DIRECTORATE OF PUBLIC SERVICE  
MANAGEMENT P.O. BOX 30050 – 00100  
**NAIROBI**

**APPLICATION FOR AUTHORITY TO USE DEDUCTION CHECK-OFF FACILITY  
OR SALARY REMITTANCE FACILITY IN THE GOVERNMENT PAYROLL**

(This form can be downloaded at [www.ghris.go.ke](http://www.ghris.go.ke))

Note: All applications must be accompanied by a cover letter.

1. Application Date: \_\_\_\_\_
2. Name of Applicant (Organization): \_\_\_\_\_
3. Business Registration Number: \_\_\_\_\_  
Attach a clear certified copy of Registration Certificate (and Articles & Memorandum of Association/ By-laws/Constitution /License)
4. Registration Agency: \_\_\_\_\_
5. Regulatory Body: \_\_\_\_\_  
Attach a clear certified copy of authorization from this regulatory body to operate your type of business.
6. Representation Umbrella Body (if any) \_\_\_\_\_  
Attach a clear certified copy of certificate/letter confirming your membership to this umbrella body.
7. P.O Box Number: \_\_\_\_\_ Postal code \_\_\_\_\_ Town \_\_\_\_\_
8. Location of Business Premise:
  - County: \_\_\_\_\_
  - Town: \_\_\_\_\_
  - Street: \_\_\_\_\_
  - Name of Building: \_\_\_\_\_
  - Building/Plot Number: \_\_\_\_\_
  - Floor Number: \_\_\_\_\_
  - Premises Ownership: \_\_\_\_\_ (i.e. either **Rented** or **Owned** by the applicant)
9. Indicate the type of payroll facility (deduction check-off/salary remittance/other service(s) you are requesting for (tick as appropriate):
  - a.  SACCO Share Contribution and Loan Recovery.
  - b.  Social Welfare Subscription (BBF, Sink Fund, etc.)

- c. [ ] Hire Purchase Credit Recovery.
- d. [ ] Insurance Policy Premiums.
- e. [ ] Commercial Loans (Banks and MFIs).
- f. [ ] Save As You Earn (Post Bank).
- g. [ ] Salary Remittance (Banks and SACCO-FOSAs).

10. Number of clients drawn from:

- a. [ \_ \_ \_ \_ \_ ] Civil Service (all Ministries)
- b. [ \_ \_ \_ \_ \_ ] Teachers Service Commission  
Attach list of clients showing Personal number, ID-Card Number, Name, Ministry/Department of Deployment, Date and Duration of Membership with your organization.

11. Indicate the applicant's official signatories and the resolution passed by members:

ID Number	Name & Tel. No.	Title	Signature
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

12. Attach resolutions passed by members indicating the need for the requested payroll facility/service

**FOR OFFICIAL USE BY MINISTRY OF DEVOLUTION AND PLANNING ONLY**

Full Name	PF Number	Designation	Date	Signature
Received: _____	_____	_____	_____	_____
Examined: _____	_____	_____	_____	_____

**Remarks**

Approved/Not Approved: .....

**Remarks**

Allocated: .....

A. Deduction Check-off Identification Number: \_\_\_\_\_

B. Salary Remittance Identification Number: \_\_\_\_\_

**Telegraphic address: "Personnel", Nairobi**  
**Telephone: Nairobi 2227411**  
**Telex: 23125**  
**Fax: 243620**