



(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 & www.psyg.go.ke.)

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

- 1. Application Date:
2. Name of Applicant (Organization):
3. Business Registration Number:
4. Registration Agency:
5. Regulatory Body:
6. Representation Umbrella Body (if any)
7. P.O. Box Number: Postal code: Town:
8. Location of Business Premise:
9. Indicate the type of payroll facility (deduction check-off/salary remittance/other service(s) you are requesting for (tick as appropriate):



- 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. [_____] Public Service (Ministries, Counties, Departments & Agencies)

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

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| 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