SOCIAL HEALTH AUTHORITY

P.o Box 30443-00100 Nairobi

BANK DETAILS FORM – HEALTHCARE PROVIDERS

INSTITUITION/FACILITY/ COMPANY NAME	
ADDRESS	
TELEPHONE/MOBILE	
EMAIL ADDRESS	
MFL CODE	

AUTHORISED PERSONS

NAMES (IN BLOCK CAPITALS)	ID NUMBER	SIGNATURE

ACCOUNT NUMBER	

BANK NAME		BANK CODE	
BRANCH NAME		BRANCH CODE	

BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE STATED ABOVE

AUTHORISED SIGNATORY 1. _____ 2. _____

BANKER'S STAMP _____

NB: *Please attach copies of: - KMPDC License, ID's for authorized signatories, Certificate of Incorporation/ Registration or Gazette notice for Government HCPs, PIN*

The bank details presented here will enable SHA to effect payments to your account directly via EFT (electronic funds transfer). Please ensure this information is correct and that this instruction form has been signed by duly authorized officers of your entity, as well as your bank/branch, before returning it to SHA accounts office, or your nearest branch..