SOCIAL HEALTH AUTHORITY
P.o Box 30443-00100 Nairobi

BANK DETAILS FORM – VENDORS & INDIVIDUALS

NAME OF: INSTITUITION/ COMPANY/ INDIVIDUAL	
ADDRESS	
TELEPHONE/MOBILE	
EMAIL ADDRESS	

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: - ID's for authorized signatories, Certificate of Incorporation/ Registration, KRA 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, as well as your bank/branch, before returning it to SHA accounts office, or your nearest branch..