REPUBLIC OF KENYA





(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.psyg.go.ke)
Note: All applications must be accompanied by a cover letter.

1.	Application Date:							
2.	Name of Applicant (Organization):							
3.	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.



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Attach list of clien	ts showing Perso	onal number, ID-Ca	rd Number, Name, Ministry	//Department of De	ployment,
[_] Public Ser\	vice (Ministries	s, Counties, Departm	ents & Agenci	es)
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Telegraphic address: "Personnel", Nairobi Telephone: Nairobi 2227411 Telex: 23125

Fax: 243620