



Afya Yetu. Bima Yetu

NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

Website: www.nhif.or.ke Email: info@nhif.or.ke

BANK DETAILS FORM

INSTITUTION/COMPANY
NAME

ADDRESS

TELEPHONE NOS

AUTHORISED PERSONS

1	2
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SIGNATURE

1	2
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ACCOUNT NUMBER

BANK NAME

	BANK CODE
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BRANCH NAME

	BRANCH CODE
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BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE AS STATED ABOVE

AUTHORISED
SIGNATORY

1	2
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BANKERS,STAMP

The bank details presented here will enable NHIF 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 company, as well as your bank/branch, before returning it to NHIF accounts office, or your nearest branch.