



P.O. BOX 79592 - 00200, NAIROBI

NOTICE OF CLOSURE AND APPLICATION FOR REFUND

PART I: (To be filled by Employee)

SPONSOR/EMPLOYER:

- 1. Name 2. ID. No.
- 3. Contact Postal Address:..... Telephone:
- 4. Bank Details: Bank Name
- Bank A/C No..... Branch:.....
- 5. Date of termination of employment
- 6. Date of cessation of contributions, if different from 5
- 7. Previous Sponsors/employers served as a Contributor, if any:

| SPONSOR/EMPLOYER | FROM | | TO | |
|------------------|-------|------|-------|------|
| | MONTH | YEAR | MONTH | YEAR |
| | | | | |
| | | | | |
| | | | | |

Signature of Applicant: Date

PART II: (To be filled by Sponsor/Employer)

- 8. Reason for closure of Account
- 9. Declaration: I,, do confirm that the information given above is correct to the best of my knowledge.

Signature: Designation:

Date OFFICIAL STAMP

NOTES:

- 1. The reasons for closure should be fully stated for the Board to determine under which Section of the Act refund is due.
- 2. Attach a copy of the letter supporting the reason for closure.
- 3. Attach a copy of ID Card (Both sides).
- 4. Attach a copy of the Bank Card confirming the Account Details; Bank, Branch and Account Number. Please note the payment will be done through Bank Transfer (EFT) only.
- 5. Attach a copy of KRA PIN Certificate.