P.O. Box 69489 Nairobi-00400 Tel: +254 02 2278000, 0711052000 E-mail: contactcentre@helb.co.ke Website: http://www.helb.co.ke



**ENQUIRY FORM (EF 1-J) 2020** 

| NATURE OF ENQUIRY  | Y (Choose a  | арргоргаце  | <u>ly)</u>   |  |  |                        |  |
|--|--|---|--|--|--|------------------------|--|
| I wish to donat  | te my overp  | oayments to   | a needy studen   | t. Amount:   | Kshs.  |                        |  |
| Want to start repaying loan  |  |   |  | Comp   | Compliance Certificate   |                        |  |
| Loan balance (statement)   |  |   |  | Cleara   | ance Certificate   |                        |  |
| Missing payments   |  |   |  |  | nd due to over deductions  |                        |  |
| Compliance Certificate (non-loanee)  |  |   |  |  | and due to over deductions  Indduetoerroneous deduction (Non-loanee) |                        |  |
|  | ,  | -   |  | _  |  | tion(Non-Ioanee)       |  |
| <u>USTOMER DETAILS</u>   | (Please no   | te that the h   | <u> iighlighted * pa</u>   | rts are MANDATORY  | 1  |                        |  |
|  |  |   |  |  |  |                        |  |
| URRENT NAMES IN FU   |  |   |  |  |  |                        |  |
| AMES AS AT UNIVERS   | SITY*  |   |  | CUDDENT ADDDECC  | *  |                        |  |
| NATIONAL ID no.*   |  |   |  | CURRENT ADDRESS TOWN   | *  |                        |  |
| UNIVERSITY REG no.*  |  | POSTAL CODE   |  | *  |  |                        |  |
| UNIVERSITY ATTENDED*   |  | CELL PHONE  |  | *  |  |                        |  |
| DEGREE/DIPLOMA*<br>COURSE/FACULTY*   |  | EMAIL   |  |  | *  |                        |  |
| ERIOD OF STUDIES*  |  | FROM:* TO:*   |  |  | <u> </u>   |                        |  |
| THOD OF STODIES  |  | 110111  |  | 10.  |  |                        |  |
| URRENT EMPLOYER  |  |   |  |  |  |                        |  |
| URRENT EMPLOYER  |  |   |  |  |  |                        |  |
|  |  |   |  |  |  |                        |  |
| MPLOYMENT/TSC No.  | ).   |   |  | TELEPHONE  |  |                        |  |
| · · · · · · · · · · · · · · · · · · ·  |  |   |  | TELEPHONE<br>CURRENT ADDRESS   |  |                        |  |
| DDRESS/POSTAL COD  |  |   |  |  |  |                        |  |
| DDRESS/POSTAL COD<br>OWN   | DE   | ase indicate  | e repayment his  | CURRENT ADDRESS TOWN   |  |                        |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S  | DE<br>TATUS (Ple   |   | MONTHLY  | CURRENT ADDRESS TOWN  Story if any) VINSTALLMENT   |  | PERIOD                 |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S  | DE<br>TATUS (Ple   |   | MONTHLY  | CURRENT ADDRESS TOWN story if any)   | From   | PERIOD<br>To           |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S  | DE<br>TATUS (Ple   |   | MONTHLY  | CURRENT ADDRESS TOWN  Story if any) VINSTALLMENT   |  |                        |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S  | DE<br>TATUS (Ple   |   | MONTHLY  | CURRENT ADDRESS TOWN  Story if any) VINSTALLMENT   |  |                        |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S'<br>AME OF EMPLOYER  | TATUS (Ple   | NUMBER  | MONTHLY<br>A   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT   |  |                        |  |
| DDRESS/POSTAL CODOWN  OAN REPAYMENT STAME OF EMPLOYER  ANK DETAILS (For 1  | TATUS (Ple   | NUMBER  | MONTHLY<br>A   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT   |  |                        |  |
| DDRESS/POSTAL COD<br>OWN<br>DAN REPAYMENT S'<br>AME OF EMPLOYER<br>ANK DETAILS (FOR I  | TATUS (Ple PAYROLL N   | NUMBER  | MONTHLY A se attach copy of BRANCH   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT   | From   |                        |  |
| DDRESS/POSTAL COD OWN  DAN REPAYMENT S  IAME OF EMPLOYER  ANK DETAILS (For I   | TATUS (Ple PAYROLL N  refund case  | NUMBER  | MONTHLY A se attach copy of BRANCH   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  | * *  |                        |  |
| ADDRESS/POSTAL COD FOWN  OAN REPAYMENT S' NAME OF EMPLOYER  BANK DETAILS (For I  | TATUS (Ple PAYROLL M  refund case  *  *  | es only, pleas  | Se attach copy of BRANCH ACCOUNT   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  T NUMBER  | From  * *  | То                     |  |
| ADDRESS/POSTAL COD FOWN  OAN REPAYMENT S  NAME OF EMPLOYER  BANK DETAILS (FOR IN BANK NAME  ACCOUNT NAME  Signature  ease note that refund rerpayment below ksi  | TATUS (Ple PAYROLL N  refund case  *  *  this are paid the content of the content | es only, pleas  | MONTHLY A  se attach copy of BRANCH ACCOUNT  ronic fund transfonded.   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  C NUMBER  Date  | *  *  by the Kenya Bankers   | To  S Association. Any |  |
| ADDRESS/POSTAL CODTOWN  OAN REPAYMENT STANDE OF EMPLOYER  BANK DETAILS (FOR INTERPAYMENT STANDE OF EMPLOYER OF EMP | TATUS (Ple PAYROLL N  refund case  *  *  this.1,000 wi   | es only, pleas  | se attach copy of BRANCH ACCOUNT ACCOU | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  C NUMBER  Date  Per to banks recognized   | *  *  by the Kenya Bankers   | To  S Association. Any |  |
| DDRESS/POSTAL CODOWN  DAN REPAYMENT STAME OF EMPLOYER  ANK DETAILS (For It ANK NAME  CCOUNT NAME  Signature  Pease note that refund erpayment below ksite  DR OFFICIAL USE  epared by:   | TATUS (Ple PAYROLL M  refund case  *  *  ds are paid t. hs.1,000 wi  | es only, please through electrical not be refundable. | BRANCH ACCOUNT  ronic fund transfended.  refunded (Kshs  | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  ONUMBER  Date  For to banks recognized  Story if any)   | *  *  by the Kenya Bankers  Date:                                    | To                     |  |
| ADDRESS/POSTAL CODTOWN  OAN REPAYMENT STANDE OF EMPLOYER  BANK DETAILS (FOR IT   | TATUS (Ple PAYROLL M  refund case  *  *  ds are paid t. hs.1,000 wi  | es only, pleas  | se attach copy of BRANCH ACCOUNT ACCOU | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  ONUMBER  Date  For to banks recognized  Story if any)  The property of the proper | *  *  *  by the Kenya Bankers  Date:                                 | S Association. Any     |  |
| ease note that refund<br>verpayment below ksi<br>OR OFFICIAL USE<br>repared by:  | TATUS (Ple PAYROLL M  refund case  *  *  ds are paid t. hs.1,000 wi  | es only, pleas  | se attach copy of BRANCH ACCOUNT ACCOUNT Fonic fund transfonded.  refunded (Kshstanded   | CURRENT ADDRESS TOWN  Story if any) Y INSTALLMENT AMOUNT  Of your ATM card)  Of NUMBER  Date  For to banks recognized  Story if any)  The provided of the prov | *  *  by the Kenya Bankers  Date:                                    | S Association. Any     |  |



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