13th Floor, Anniversary Towers, University Way,
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) 2020

1. NATURE OF ENQUIRY (Choose appropriately)

I wish to donate my overpayments to a needy student.   Amount: Kshs. _____

☐ Want to start repaying loan   ☐ Compliance Certificate

☐ Loan balance (statement)   ☐ Clearance Certificate

☐ Missing payments   ☐ Refund due to over deductions

☐ Compliance Certificate (non-loanee)   ☐ Refund due to erroneous deduction (Non-loanee)

2. CUSTOMER DETAILS (Please note that the highlighted * parts are MANDATORY)

CURRENT NAMES IN FULL*			
NAMES AS AT UNIVERSITY*			
NATIONAL ID no.*		CURRENT ADDRESS	*
UNIVERSITY REG no.*		TOWN	*
UNIVERSITY ATTENDED*		POSTAL CODE	*
DEGREE/DIPLOMA*		CELL PHONE	*
COURSE/FACULTY*		EMAIL	*
PERIOD OF STUDIES*	FROM:*	TO:*	

CUSTOMER DETAILS (Please note that the highlighted * parts are MANDATORY)

a) CHANGED UNIVERSITY/COLLEGE* ☐   **b)** DEFERRED STUDIES* ☐   **c)** REPEATED YEAR (S) DURING MY STUDY* ☐

3. EMPLOYMENT DETAILS

CURRENT EMPLOYER			
EMPLOYMENT/TSC No.		TELEPHONE	
ADDRESS/POSTAL CODE		CURRENT ADDRESS	
TOWN		TOWN	

4. LOAN REPAYMENT STATUS (Please indicate repayment history if any)

NAME OF EMPLOYER	PAYROLL NUMBER	MONTHLY INSTALLMENT AMOUNT	PERIOD	
			From	To

5. BANK DETAILS (For refund cases only, please attach copy of your ATM card)

BANK NAME	*	BRANCH	*
ACCOUNT NAME	*	ACCOUNT NUMBER	*
Signature		Date:	

*Please note that refunds are paid through electronic fund transfer to banks recognized by the Kenya Bankers Association. Any overpayment below **kshs.1,000** will not be refunded.*

FOR OFFICIAL USE ONLY

Prepared by: .... Signature: .... Date: ....

Confirmed by: .... Signature: .... Date: ....

Verified by: .... Signature: .... Date: ....

Approved by: .... Signature: .... Date: ....

EMPOWERING DREAMS

www.helb.co.ke Anniversary Towers University Way
+254711 052000 contactcentre@helb.co.ke @HELBPAGE
USSD Self Serve *642#

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