



UNIVERSITY OF NAIROBI
INACTIVE STAFF BANK DETAILS CONFIRMATION FORM

(To be completed in duplicate by all inactive staff required to receive payments through the payroll, including arrears, terminal dues, or any other approved payments)

SECTION A: STAFF PERSONAL DETAILS

1. Full Name (as per National ID / Passport):

.....

2. Payroll / Staff Number (if previously assigned):.....

3. National ID / Passport Number:.....

4. KRA PIN:.....

5. Former Designation / Job Title:.....

6. Department / Unit / Campus/Faculty:.....

7. Employment Category:

Academic Staff

Administrative/Support Staff

Other (Specify):

8. Period of Service (Indicate dates):

From: To:

9. Reason for Inactive Status (Tick as applicable):

Retirement

Contract Expiry

Resignation

Suspension

- Study Leave
- Other (Specify):

SECTION B: CONTACT DETAILS

- 10. **Current Postal Address:**
.....
- 11. **Current Physical Address:**
.....
- 12. **Mobile Phone Number:**.....
- 13. **Alternative Phone Number (Optional):**.....
- 14. **Email Address:**
.....

SECTION C: BANK ACCOUNT DETAILS

(Please ensure that the bank account provided is active and registered in your own name. Joint or third-party accounts are not allowed.)

- 15. **Name of Bank:**.....
- 16. **Branch Name:**.....
- 17. **Branch Code:**.....
- 18. **Bank Account Name (as per Bank Records):**
.....
- 19. **Bank Account Number:**.....

SECTION D: PAYMENT DETAILS

20. **Nature of Payment Expected (Tick all that apply):**

- CBA Arrears
- Salary Arrears
- Terminal Benefits
- Pension-related Payments
- Refunds
- Other (Specify):

21. **Applicable Period / Financial Year (if known):**

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SECTION E: DECLARATION BY STAFF

I, the undersigned, hereby declare that the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that:

- Any incorrect or misleading information may delay or prevent payment.
- The University/Institution shall not be held liable for payments made to incorrect bank details provided by me.
- This information will be used strictly for payroll and payment processing purposes in accordance with applicable laws and regulations.

Name of Staff:

.....

Signature:.....Date:.....

SECTION F: OFFICIAL USE ONLY (HR / FINANCE / PAYROLL)

22. **Documents Submitted (Tick as applicable):**

- Copy of National ID / Passport

- Copy of KRA PIN Certificate
- Copy of Bank Confirmation / Cancelled Cheque
- Appointment / Contract Letter
- Other Supporting Documents:

23. **Verified By (Name & Designation):**
.....

24. **Signature & Stamp:**.....

25. **Date Verified:**.....

26. **Payroll Activation Reference / Remarks:**
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Note:

Completed forms should be submitted to the Human Resource Office as instructed. Incomplete forms will not be processed.